

# **FY99 Medical Records Book**

**DSS BTSO/Development**

# ***FY99 MEDICAL RECORDS BOOK***

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## PURPOSE OF THE FY99 MEDICAL RECORDS BOOK

The purpose of this book is to provide DSS users with basic technical information on FY99 DSS Medical Records Encounter Fields (*Part I*) to provide information sets specifically related to major search topics (*Part II*); and then to provide detailed documentation of the FY99 DSS medical encounter fields: their source, the process whereby the values are accrued, and the changes specific to FY99 (*Part III*).

DSS Medical Record Encounter Fields are central to searching for types of cases and cases characterized by certain features (or values of encounter fields). These encounter fields are also key for search provider-related information, be it *institutional provider* (VISN/VAMC) or *“Hands-on” provider (or primary care provider)*, the professional coordinator of a unique SSN veteran’s care.

Many field DSS users contributed to some of the new formats and information in this book. As always DSS (BTSO/D) invites your comments; suggestions of what is valuable to you for every year in this book and what is missing or you would like to see in a different format, for next year’s addition.

Thank you.

The DSS Database Partners Group made specific contributions to this book. The field membership is:

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## EXECUTIVE SUMMARY

The *Executive Summary* for the FY99 DSS Medical Records Book, provides:

- A synopsis of important issues with the FY99 National VHA Databases, and a summary of major DSS initiatives related to database searches in FY99.
- A table of most commonly-used DSS data fields and some major characteristics (*This was designed by a VISN-DSS, Field-based, user*).
- Several diagrams on the sequence of FY99 DSS Medical Record posting: Inpatient, then Outpatient.
- A bullet summary of the FY99 Medical Record Book.
- A short list of other facts to know about searches on FY99 DSS Medical Record data.

# **SYNOPSIS OF FY99 ISSUES AND INITIATIVES WITH VHA AND DSS MEDICAL ENCOUNTERS**

## **MEDICAL ENCOUNTERS**

### **I. Issues**

**In FY99 several major issues occurred in National VHA databases.**

#### **In NPC**

##### **1. Means test losses**

A decrease in outpatient encounter records, sent to NPC, was reported. This was due to an “edit” placed in VistA MAS, to prevent records going to AAC, if they did not have correct “means” tests. Reportedly, this reduced the numbers of NPC outpatient records below previous years.

#### **PTF/NPC**

##### **2. Same Day Major Surgery Discrepancies**

Same Day Surgery for cases intended for admissions, especially in Orthopedics was performed as outpatients and the patients admitted later (major joint surgery, such as hips and knees were the main types of operation this pattern occurred in). This problem affected FY98 and FY99 cases. VHA HIMS opened the '99 NPC-PTF Data bases and asked VAMC coders to take the codes for the Operative Procedure out of the Outpatient Record and place it in the inpatient one, so the major surgical DRG would be generated.

DSS because it is time-sensitive to the actual realities in the surgical package will continue to show the surgical OR resource utilization and costs on the outpatient encounter. DSS users searching for the full cost of major joint surgical cases in FY98 and FY99, should search for outpatient stopcode 429 or surgical OR IPD number (S311) utilization on the admission day and add those costs to the costs of the inpatient part of the care. DSS more closely follows actual reality and reports costs to the actual encounter, as JCAHO would expect.

Other NPC/PTF issues in FY99 are found in Part I, Chapter 1, second section.

### **II. INITIATIVES BY DSS**

In FY99, DSS started several innovative initiatives.

- a) Long-term Care (LTC) Feature This LTC feature is needed by VAMCs with a major part of their work with non-discharged, LTC patients.

The new VHA DSS LTC functionality allows the LTC VAMC users to create an ACTSUM with non-discharged patients, by temporarily assigning billing status=f (usually at the end of the FY) to these patient so any type of actsum can be run.

However, this new LTC DSS functionality is quite challenging to use accurately. In early phases, it could be used out of proper sequence, not using the “clear” job which undid the temporary billing status = f, status. Otherwise, a VAMC could end up with artificially enlarged (inaccurate) patient databases.

- b) Health Status Indicators

Several Health Status Indicators were added to DSS in FY99: Addiction Severity Index (ASI); HCUPs (Health Care Utilization Program) (an ICD-9 clustering health status/case-mix indicator); GAF, global assessment of function, is also a field added to DSS for FY99 data.

- c) Prosthetics Encounters

Prosthetic devices constitute a significant cost for VHA. Until FY99 DSS, many prosthetic devices were provided to patients by mail or without a clinic appointment. Hence no NPC or CLI encounter was recorded, and specific PRO products and their costs not tracked to the receiving patients. In FY99, DSS creates encounters for patient receiving prosthetic devices when no CLI, on NPC encounter is present to which to attach the PRO utilization.

- d) Ward Attending/Ward Provider

More detailed information on the two inpatient provider fields for each treating specialty segment the patient had as an inpatient is collected on DSS in FY99.

- e) The DSS-KLF Extracts: FY99

In FY99, the BTSD/D group worked with KLF to develop three National Extracts from DSS:

- i) The DSS-KLF Outpatient Extract
- ii) The DSS-KLF Discharged Cases Extract
- iii) The DSS-KLF TRT Extract which is all the costs/utilization per inpatient SSN per month per stay on each treating specialty. This extract has all the inpatient care costs per month. These are cumulated FYTD by KLF in her report.

The three DSS-KLF extracts will be valuable for use by ARC; in replacing the CDR; in Benchmarking at a high level for discharged cases; and many other uses.

The costs are broken out, in large utilization set: Nursing costs (inpatients only); Lab; Drug; Radiology; Operating Room; and other. The costs are also provided by major type: Indirect, Variable Direct and Fixed Direct, within each of these large utilization sets.

Additionally, the primary care provider, recorded in PCMM (or file two MAS if not on PCMM), at the time of the encounter is recorded on each of the DSS-KLF extracts. KLF has created PMAB reports per PCP for both FY98 and FY99 from DSS data, using these extracts. These reports are on the web in a test-server and members of the PMAB reviewed these, the 6/4/99.

Later on this year, all CFOs and Directors at each VAMC and VISN will be able to review the national DSS-KLF reports monthly and see how their VAMC is doing, if their VAMC is current, on DSS.

f) The National DSS Rollup

When each FY is complete, DSS runs national rollup actsums on qualifying VAMCs. These are VAMCs that do not have “ladders” on their costed products or other major abnormalities in responses to standard audits or costing. The FY98, NRU will be sent to VAMC Directors in October 1999.

# MOST COMMONLY USED DSS DATA FIELDS AND SOME CHARACTERISTICS

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<i>This column lists the most commonly used fields in the DSS database.</i>	<i>This column describes the DSS Field.</i>	<i>This column lists the extracts, that this data field is pulled from. If there is a logical order to which the system assigns this value, then that is explained. i.e. If the system looks to the ADM extract first, then to the TRT then this is described.</i>	<i>This is a Yes/No as to whether the field can occur multiple times on a single encounter.</i>	<i>This column indicates whether the field is completely populated on all inpatient encounters in the database.</i>	<i>This column explains whether or not the user can expect to have the field completely populated on all Non-ASI/Non-DDC/Non-Util Built outpatient encounters.</i>
<b>Eligibility Codes</b>					
Means Test Indicator	Value describing the currency of the Means Test	From ADM and NPC	N	Y	NPC only
Eligibility Code	Patient-centered eligibility code	ADM, PRE, NOS, PRO, CLI	N	Y	Y, not ASI, DDC
Encounter Eligibility		NPCD	N	Y	NPC only
DDC Eligibility		DDC	N	N	DDC only
<i>*Primary Eligibility Code</i>	Obsolete, not used in FY99				
<b>Diagnosis Codes</b>					
ICD9 Code		CLI, NPCD	Y	N/A	Y, Not DDC, Not ASI
Primary ICD9		NPCD	N	N/A	Y, Not DDC, Not ASI
Principal Diagnosis		PTF-M	N	Y	N/A
Secondary Diagnosis		PTF-M	Y	Y	N/A
Admitting Diagnosis		ADM	N	only if used by site	N/A
Treating Specialty ICD		PTF-B	Y	Y	N/A
<i>*ICD.9</i>	Obsolete, not used in FY99				
<b>Util-Built</b>					
Util Built		UTIL BUILT	N	N/A	Util Built only
<i>* Util Built</i>	Obsolete, not used in FY99				

# MOST COMMONLY USED DSS DATA FIELDS AND SOME CHARACTERISTICS

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<b>Provider Fields</b>					
Ward Attending		ADM, changes from TRT	Y	Y	N/A
Admitting Attending		ADM-never updated	N	Y	N/A
*Attending MD	Obsolete, not used in FY99				
Ward Provider		ADM, changes from TRT	Y	Y	N/A
Provider	Provider who wrote prescription, NOS/CLI provider with whom appointment was scheduled.	Outpatient PRE, CLI, PRE	N (except on DCR with ECS)	N/A	Y except NPCD only
Providing MD	CLI=File #200, if provider type=an MD ; NPCD=File #200 reference when available in NPCD	Outpatient CLI/NPCD	Y	N/A	Not PRE
Primary Care Provider	Primary care provider	ADM, PRE, NOS, CLI, PRO, PCMM	N	Y	Not ASI, not DDC
Prim Care Provider NPI	Null until VistA fills w/Natl provider index number	ADM, PRE, NOS, CLI, PRO, PCMM	N	Y	
NPCD Outpt Provider	Null until filled in NPCD	NPCD	Y	N/A	NPCD only
Discharge Ward Attending	Last MD legally responsible for care listed upon discharge	Inpatient only, TRT	N	Y	N/A
Discharge Ward Provider	Ward Provider current upon discharge	Inpatient only, TRT	N	Y	N/A
Disch Ward Attend NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
Disch Ward Provid NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
Disch MD NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
*Trtnng Spclty Provider	Obsolete, not used in FY99				
*PCP	Obsolete, not used in FY99				

## MOST COMMONLY USED DSS DATA FIELDS AND SOME CHARACTERISTICS

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<b>Name</b>					
Name			N	Y	Y
*Patient Name	Obsolete, not used in FY99				
<b>Age</b>					
Age			N	Y	Not ASI, DDC
Age Year	Eclipsys computed field		N		
<b>Movement Codes</b>					
Movement Type		TRT, MOV	Y	Y	N/A
*Type of Movement	Obsolete, not used in FY99				
<b>Procedure Codes</b>					
OP Code		PTF-S	Y	N	Not ASI, not DDC
Primary CPT4 Code		CLI, NPC	N	N/A	Not ASI, not DDC
Primary Surg CPT		SUR	N	N	N/A
Surg CPT Code2		SUR	N	N	N/A
Surg CPT Code3		SUR	N	N	N/A
Surg CPT Code4		SUR	N	N	N/A
Surg CPT Code5		SUR	N	N	N/A
CPT4 Code		CLI, NPC, DDC	Y	N/A	Not ASI
*Non ASC CPT4 Code	Obsolete, not used in FY99				
*Principal Procedure	Obsolete, not used in FY99				
*Secondary Procedure	Obsolete, not used in FY99				
*Surgical Procedure	Obsolete, not used in FY99				
<b>Stop Code Fields</b>					
Stop Code		NPC, CLI	N	N/A	Y
DSS Identifier		NPC, CLI	N	N/A	Y

# MOST COMMONLY USED DSS DATA FIELDS AND SOME CHARACTERISTICS

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<b>Zip Codes</b>					
Zip Code		ADM, PRE, CLI, NPC, PRO	N	Y	Not ASI, DDC
Zip Plus 4		PRE, CLI, NPC, PRO	N		Not ASI, DDC
*Zip	Obsolete, not used in FY99				
<b>Fields not Used Starting in FY99</b>					
*Primary Eligibility Code	Obsolete, not used in FY99				
*ICD.9	Not used in FY99				
*Utl Built	Not being used				
*Trtng Spclty Provider	Obsolete, not used in FY99				
*PCP	Obsolete, not used in FY99				
*Patient Name	Obsolete, not used in FY99				
*Type of Movement	Obsolete, not used in FY99				
*Non ASC CPT4 Code	Obsolete, not used in FY99				
*Principal Procedure	Obsolete, not used in FY99				
*Secondary Procedure	Obsolete, not used in FY99				
*Surgical Procedure	Obsolete, not used in FY99				
*Zip	Obsolete, not used in FY99				

**ACRONYMS FOR CLINICAL DSS WORKLOAD**  
**(NON-FINANCIAL) FEEDER SYSTEMS**

***Medical Records Extracts***

**Inpatient**

ADM	Admissions
MOV	Physical Movements (Transfers and Discharges)
TRT	Treating Specialty Changes
{	PAS Patient Assessment Instrument (with original Admit date)
	PAI* Patient Assessment Instrument (with RUG info)
PTF-M*	Patient Treatment File - Main
PTF-S*	Patient Treatment File - Surgery (multiple)
PTF-B*	Patient Treatment File - Bedsection (multiple)
ASI	Addiction Severity Index
PRE	Prescription Patient Demographics

**Outpatient**

PRO	Prosthetics
NOS	No Shows
NPCD*	National Patient Care Database
CLI	Clinic Visit Data Patient Encounter Info
SUR	Surgery
ASI	Addiction Severity Index

***Utilization Data Extracts***

ASC*	Ambulatory Surgery CPT's
ASI	Addiction Severity Index
CLI	Clinic Visit Data
DEN	Dental
ECS	Event Capture System
ECQ	ECQ Quasar Extract
IVP	IV Drug Pharmacy Data
LAB	Laboratory
NUR	Nursing
PRE	Prescription Outpatient Pharmacy
PRO	Prosthetics
RAD	Radiology
SUR	Surgery
UDP	Unit Dose Pharmacy
ROOM	Beddays from MOV (see Medical Records Extract above) (Does not include lodgers)

***Quality Management Extracts***

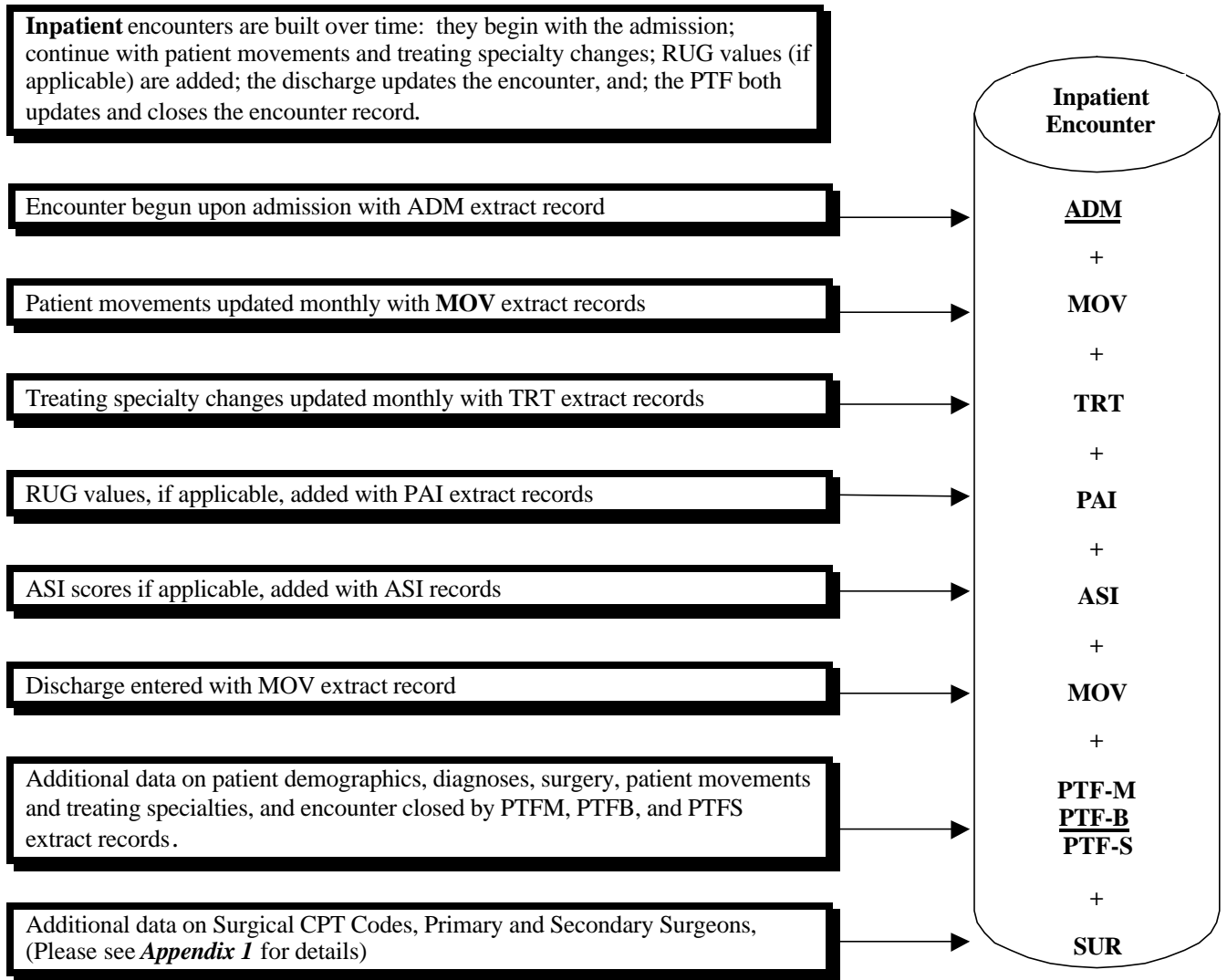
LAR	Laboratory Results
-----	--------------------

***(See next page for Sequence in Posting Process.***

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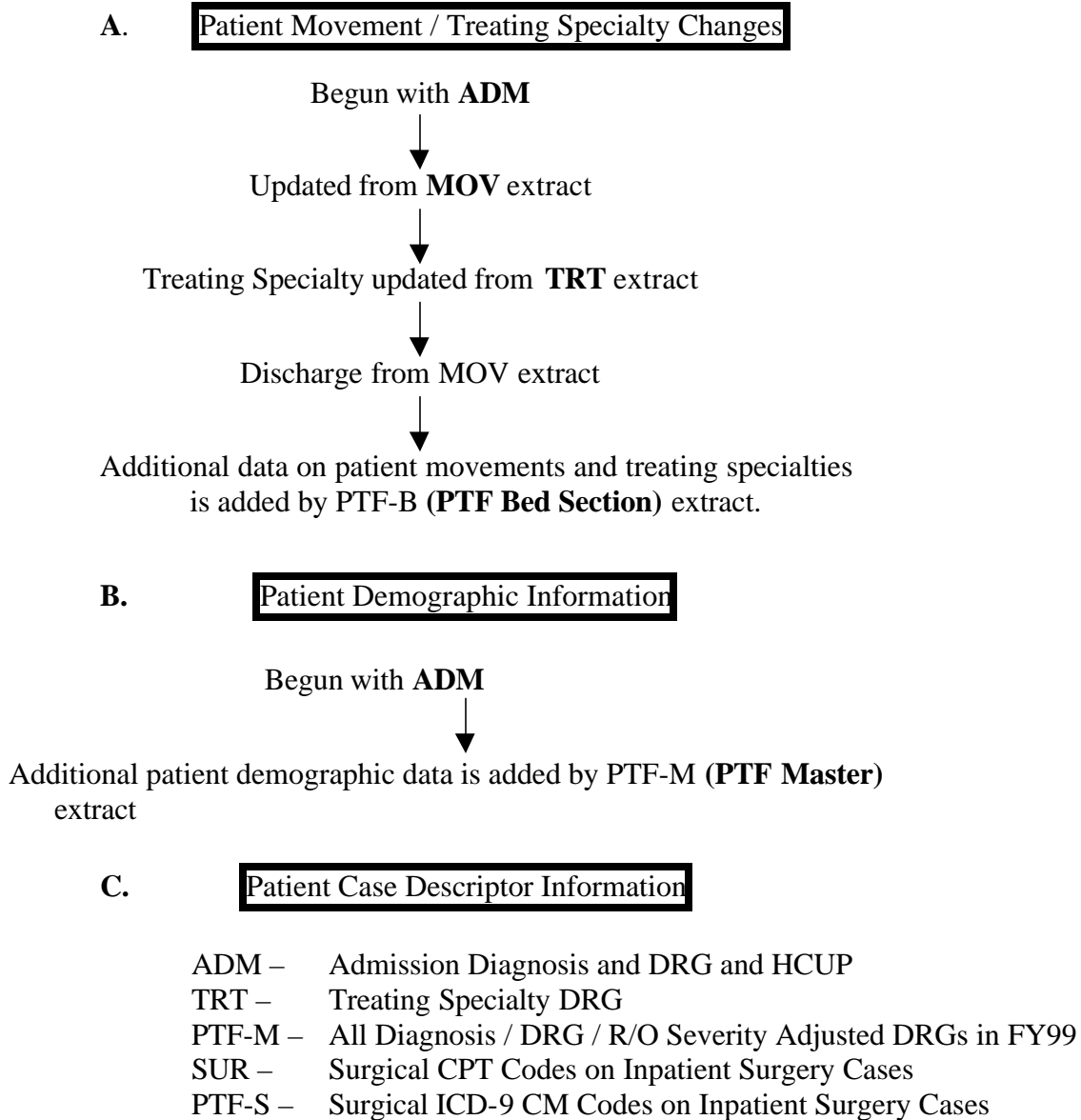
\*From AAC files.

**Figure 1 – Diagram of the Sequence of FY99 DSS Inpatient Medical Records Processing**



**Figure 2**

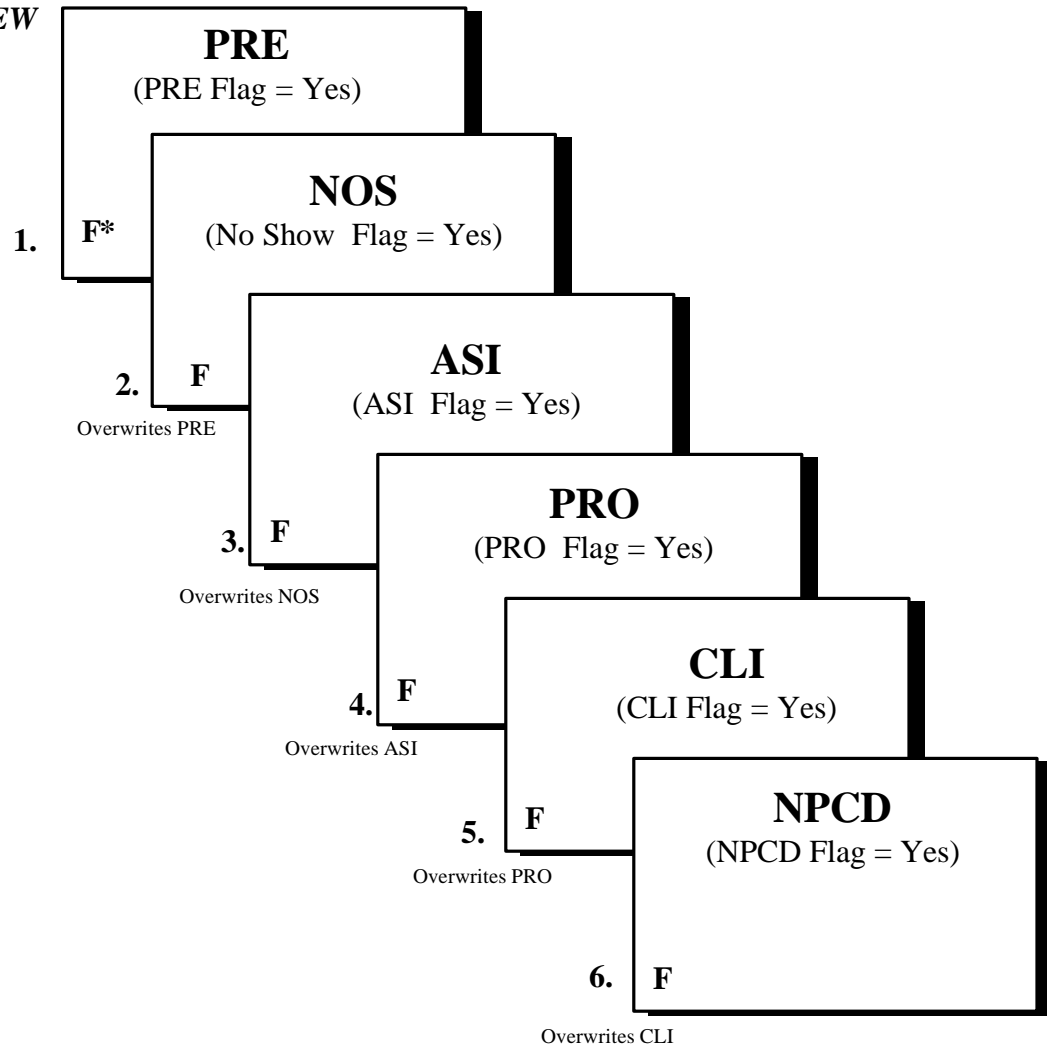
***Diagram of Inpatient DSS Accretion of Data Over Time***



# FY99 DSS Outpatient Medical Record Encounters Building Process

**Figure 3**

***OVERVIEW***



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\*F: Billing Status = Final

## **OUTPATIENT MEDICAL RECORDS SEQUENCE OF POSTING**

- **PRE** extract – The Outpatient Pharmacy extract which records both CMOP and VAMC Outpatient Drug Dispensing Activity, provides the first set of outpatient medical records. PRE records on DSS account for nearly 1/3 of the entire outpatient encounter database.
- **NOS** extract - The VA outpatient data collection system does not transmit information about no-shows to the Austin outpatient database (NPCD), so DSS creates an outpatient encounter for each record in the NOS extract. Then when the no-show utilization record from the CLI extract is processed, there will be a DSS outpatient encounter to which it can link.
- **ASI** extract – All VA Medical Centers transmit Addiction Severity Index results to a central database in Pittsburgh. Pittsburgh in turn sends a monthly extract to the DSS database at Austin. DSS posts: the seven sub scores as encounter fields; the fact of the test in the DCM department; and, the fact of the test as a product is posted to the patient encounter record.
- **PRO** extract – Beginning with FY99, DSS is extracting products from the VistA Prosthetics package. Products include items purchased for patients, items repaired, and items manufactured in VA Prosthetics Labs. DSS posts: Medical Record Encounter records, products in DCM, and products to the patient encounter record.
- **CLI** extract -- Encounter records are created in DSS for clinic visits for two reasons:
  - 1) To capture the workload in the same month that it captures the costs of producing it, DSS needs to build an encounter in the same month that utilization records will be posted.
  - 2) DSS collects data through CLI that is not currently available in the VA outpatient data system: Provider, Primary Care Team and Primary Care Provider are all fields that DSS collects through CLI and posts to encounters through CLI. When the NPC extract encounters over-writes the CLI-built encounters, these fields are and remain in the outpatient encounter record, if values are provided from VistA.
- **NPC (NPCD)** extract - This Austin extract brings to DSS information collected in Austin by the VA outpatient data collection system. DSS uses this information to create encounters to overlay existing encounters, with final outpatient encounter information.
- **Util-Built** – A skeleton outpatient encounter is built by the DSS UTL.PROC software routine when no encounter can be found with which to link outpatient utilization records from the SUR, LAB, RAD, ECS and ECQ feeder systems. A separate Util-Built encounter is created for each SSN, Date, and Stop Code combination. If UTL.PROC finds five lab test utilization records for the same patient for the same day without an encounter, one outpatient encounter record will be generated and all five lab test utilization records would be linked to it. This encounter, with its five costed products, is then over-written when and if the matching NPC record is posted.

**Outpatient Encounters Summed per Primary Stop Every 24 hours by SSN in DSS**

In response to the major VistA change in outpatient encounter definition in FY97, DSS technically was required to modify slightly how outpatient activity from the same primary stop for the same SSN and day is managed. This technical modification provides (1) enhanced comparability between VAMC outpatient databases and (2) moderates slightly the huge increase in outpatient database size at AAC caused by the new definition of an outpatient medical record encounter. For records from the same primary stop code for the same SSN, on the same day, all utilization and information from additional medical record encounters for that primary stop are posted to a single DSS encounter for that SSN, primary stop and date. Hence, all costs, demographic data, diagnostic data and other billing labels are collected in a single encounter per primary stop. This greatly (1) enhances ease and reliability of outpatient billing audits (2) permits comparability between VAMCs where some sites report only one encounter for each primary stop code/ SSN/ day in multidisciplinary clinics with up to 12 or more individual providers, and where other sites report 12 or more individual credit pair DSS identifier encounters with that single primary stop, SSN and day. Until the practice of outpatient encounter entry for multidiscipline clinics is standardized in VHA, this DSS approach appears to be the most practical and reliable available.

# **BULLET SUMMARY OF THE FY99 DSS MEDICAL RECORDS BOOK**

## **PART I**

- New Fields (*Chapter Two*)
- Problems with FY99 NPC (National VHA Medical Encounter Database) (*Chapter One*)
- Complete List of Fields (*Chapter Three*)

## **PART II**

- Detailed Comparison of Demographic Fields FY99 and 2000 (*Chapter One – b*)
- Searches per Provider or per Primary Care Provider (PCP) (*Chapter Two*)
- Procedure Code and Diagnostic Code – Difference Between In an Outpatients (Required by AHIMA) (*Chapter Three*)
- Problems with VHA NPC Same-Day Surgery data, FY98 and FY99 (Orthopedics mainly) (*Chapter Four*)
- National Codes for Physical Nurse Wards (*Chapter Five*) and Treating Specialty to Service crosswalk (*Chapter Six*)
- New National Case-Mix Indicators (*Chapter Seven*)
- New Health Status/Outcome Measures (*Chapter Seven*)

## **Part III**

- *DOCUMENTATION* of each FY99 DSS Medical Record extract, its SAS, and Medical Record View fields (*Chapter One*).
- Comparison of DSS FY96 through FY99 Medical Records fields (*Chapter Two*).
- C-table fields/C-table names (*Chapter Six*).

## **SHORT LIST OF OTHER FACTS RE: FY99 DSS MEDICAL RECORD DATA**

### **Primary Provider of Multi-Provider Clinic in NPC-Records**

The VistA field Primary Provider in FY99 with the advent of T.I.U. (Text Integration Utility), an MAS VistA package, commonly does not have the Primary Provider (or Physician) in the field because a) T.I.U. accepts as primary the first person entering data (usually the nurse) and the VistA PCE package sequences the providers according to their file 2001 internal number (IEN) sequence, not by provider type, so the primary provider field is filled with the lowest IEN.

DSS to compensate for these VistA problems, and to better enable provider tracking, and bill analyses, in its NPC extract selects the primary provider in a multi-provider clinic, by provider type, with physician first priority, then RNP, PA, and Nurse.

### **Home VAMC, Home VISN (from PTF-M)**

In FY99, DSS added these two PTF-M fields. DSS BTSO is waiting for AAC-NPC/PTF to provide an exact explanation of Home VAMC. Home VISN is derived at AAC from a table of VAMC values cross-walked to the VISN. These two PTF-M fields are not related to Enrollment.

### **“Preferred Facility” VAMC Question Becomes DSS “Enrollment Location”**

The FY99 initial efforts at VHA-wide enrollment, have been associated with several issues. Enrollment Location (“Preferred Facility”) was initially expected to be a strong, reliable indicator of the facility taking the major responsibility for the Veteran. For Veteran users of more than one VAMC, the values in this field can shift several times in a day. Additionally the enrollment database itself has not been stable, and is in several iterations: “Interim Database”; partial final; etc. So DSS in its National pulls, has relied on the VSSC, Kathy L. Frisbee, to coordinate the most reasonable understandings of “preferred facility” at that moment, with the best enrollment data source at the time of the report. KLF then blends that information with the DSS-KLF National extract data.

Otherwise, all conclusions, about the content or value in this field in FY99 must be cautiously considered.

### **OP Code vs. Secondary Procedure**

OP Code is the field to find inpatient ICD-9 CM operative codes in DSS. The primary procedure and secondary procedure fields are obsolete.

### **Length of Stay vs. Mean Length of Stay Fields (on DSS)**

**Length of Stay** is the only DSS field that relates to VA patient beddays of care, on which users should be developing queries, toolkits, SQL or DSO reports. Another field on DSS, that a few users have had problems with when they tried to use it is called “**Mean Length of Stay**.” On DSS, the field “Mean Length of Stay” refers to a HCFA provided value set; the mean reflects the mean LOS of the HCFA, (not DSS) Database. It is used in DSS for internal computations only and should not be selected to create searches, or indicators.

*The DSS field **LENGTH OF STAY** is actual bed days of care. The DSS field **MEAN LENGTH OF STAY** comes from the CFP/REVENUE/TABLE/DRG for the current years HCFA tables. It should not be used for searches. Many users create a derived (or column math) field in KIT where they compute a field and often call it HCFAMLOS or something like that but it is actually **MEAN LENGTH STAY / TOTAL CASES**. On Kit, that locally-named field derives from the VHA DSS Lengths of Stay for the group studied.*

### **A WARNING!**

DO NOT NAME AN INDICATOR THE EXACT SAME NAME THAT A DSS DATABASE FIELD IS NAMED.

There is no current security to prevent a user from naming an indicator the exact same name as another database field. For example, there are fields in the data dictionary named AGE and AGE DAY. A user could name an indicator AGE (which will also create an AGE DAY field), and cause major problems in the clinical DSS.

***HENCE, DO NOT NAME AN INDICATOR THE EXACT SAME NAME AS ANY DSS ENCOUNTER FIELD.***

## PART I - CHAPTER ONE

### PROLOGUE AND COMPARISON OF FY99 DSS AND NPC DATABASES

#### ***1a. PROLOGUE TO THE FY99 MEDICAL RECORDS BOOK***

This book is designed primarily as an aide to Clinical users of DSS and DSS teams charged to create management reports related to case workload, demographics and other DSS data elements. Within the chapters, complete specifications of the FY99 Medical Record.

The book is organized to first provide basic FY99 DSS technical implementation re: the Medical Records Encounter Fields: to give major users the additions to DSS Medical Encounter Fields for FY99 (***Part I – Chapter Two***). This is followed by a complete look-up list of the entire FY99 Medical Encounter Fields, alphabetically arranged, with the MR Post Medical Record View/Feeder System from which the element is derived (***Part I – Chapter Three***).

Part II is designed to provide special information for specific types of queries or analyses. Chapter One provides a comparative table of demographics available FY96-99, and a detailed comparison of FY99 and FY2000, by each medical encounter extract source.

To further enable new users, the different fields required by national coding rules of AHIMA (Am. Health Informatics Management Association) between outpatients and inpatients are described (***Part II – Chapter Two***). Unfortunately, for search ease, DSS must report this as required on VistA and the NPC National VHA Data Repository at AAC. Therefore searchers must adapt to the idiosyncratic realities of national Medical Record field name requirements.

The next several Chapters in Part II deal with searches by Provider and Primary Care Provider (***Chapter Three***), Surgery Operation queries (***Chapter Four***); New FY99 National DSS Physical Nurse Ward Codes for use in Phase III; Inpatient NPC, are described in ***Chapter Five***.

Other information, for long-term DSS users includes the cross-walk between VHA Treating Specialties (in PTFM) and Clinical Service on DSS (***Part III – Chapter Six***); additionally the new FY99 Medical Encounter Fields related to Functional or Health Status, and future Ambulatory Care Groupers (***Please see Part II Chapter Seven***).

The FY99 Major DSS Medical Records documentation material is found in ***Part III***. This is presented as a set of documents for each of the FY99 nine Inpatient and seven Outpatient DSS Medical Record Views: The final DSS Medical Record View is followed directly by the SAS logic spreadsheet, which is followed by the DSS VistA extract field which is the source of fields for each of the DSS Medical Record View fields. This type of documentation was provided in both the FY97 and the FY98 DSS Medical Record Books.

To further enable quick look-up for clinical and clinical management users, who need to look at DSS patient populations across Fiscal Years, we have provided the complete list of DSS Medical Record Encounter Fields, alphabetically arranged, from FY96, FY97, FY98 and FY99. With their VistA extract source these can be used to check if a specific field was available for a three to four year retrospective search.

As previously, we have provided a list of fields with values that have descriptions available in the DSS “C-Table” functionality. This enables users to decide if they wish to (search and then) report only on values, or if descriptions could be added to their reports.

To assist new DSS Report users, we have provided samples of the types of encounter fields available on an average inpatient and average outpatient (**Part III - Chapter Four**) when the VA functionality *Adhoc Inquiry* is used.

The menu access to *Adhoc Inquiry* is **UTL.UTL.PAR.VA.INQUIRY** and the screen provides many different views. **ENCTR** and **CHGDTL** are the two most commonly used.

The next section includes a sample record from a **Charge Detail (CHGDTL)** Adhoc Inquiry.

To describe how exceptional outpatient encounters are created in FY99 on DSS, (**Part III – Chapter Five**) we provide a schematic of the Medical Encounter posting process sequence, for all utilization that did not acquire a medical encounter in the DSS medical record posting process; there is a series of logics which are applied immediately prior to posting utilization to SSN-specific encounters in the **UTILPROC** process. This is called the Assign Encounter Number (ASSIGN ENC NO) process and it occurs as the first step in the UTILPROC process. It is in this process that utilization belonging to an observation case can be assigned directly; and in this step “**UTIL-BUILTS**,” encounters with bare minimum demographic data must be built if no outpatient CLI or NPC encounter was found after searching.

We hope this new format and many new FY99 enhancements provides support for DSS Clinical Users and DSS Clinical Management Users more robustly than ever. Many suggestions of trainers, field experts, members of the DSS Database Partners Advisory Body and other persons were considered and incorporated in this version.

As you use this FY99 DSS Medical Records Book, we would hope you could e-mail us (c/o Michelle LoDico and Michelle Brown, POCs) at BTSO and give specific feedback on what works well, what you would like to see added in FY2000, and any thoughts on a new format or organization of the information. For FY2000, we have already developed some new formats for spreadsheets of the VistA to DSS documentation which may streamline and improve the ease of referencing back to VistA-named fields from the DSS field name/view.

We also plan, at the suggestion of a member of the DSS Database Partners, to have a new column on the alphabetic summary of DSS data elements, which will indicate those provided by the vendor, but not used by VHA. We need more feedback to make the other needed improvements, from you, the DSS users. Please think about what you would have ideally, as a reference to help support your searches and share your good ideas with us, as soon as you think of the idea.

Thank you all very. You are critical as key DSS Partners to successful DSS work.

**1b. THE DIFFERENCE BETWEEN THE DSS NATIONAL DATABASE AND THE NATIONAL PATIENT CENTERED DATABASE (NPC).**

**1b(1) General – FY99 NPC LOSS OF OUTPATIENT ENCOUNTERS VIA MEANS TEST EDIT**

DSS uses all encounters present in the outpatient NPC. These encounters on DSS are indicated by “NPC flag = yes.” DSS also provides many more outpatient encounters beyond those available on NPC. All outpatient pharmacy encounters are collected on DSS. These number almost one third of all DSS outpatient encounters. These are identified by “PRE flag = yes.” Additionally, DSS provides encounters for all deliveries of VHA prosthetic items (“PRO flag = yes”) and all Denver Distribution Center items (“DDC flag = yes”) (starting FY2000). Additionally, DSS also provides encounters for VHA patients who had ASI tests (“ASI flag = yes”); no show encounters (“NOS flag = yes”) and CLI encounters, where no record of the outpatient visit was acquired by NPC, (“CLI flag = yes”).

For FY99, the AAC Clinical Database Chief (Sam Georgeson) indicated (6/99), that NPC has significantly fewer records than in FY98, because there is a new edit in VistA which will not allow records without accurate “means tests” to go to AAC-NPC. This new edit relates to the new FY99 enrollment activity, but it has had a major negative impact on FY99 NPC according to the source above. The impact on DSS in FY99 will be to have a larger number of outpatient encounters with “CLI flag = yes.”

Several other major problems with the FY99 NPC database have been identified.

**1. Same Day Surgery, especially orthopedic hips and knees**

Several major surgeries which are always associated with inpatient stays, have actually been performed while the patient is technically an outpatient. This is due to operations practice at several VAMCs, that resulted for OERR V2.5 where MDs had their pre-op orders canceled if they admitted the patient before surgery. OERR V3.0 fixes the technical problem, but many VAMCs did not change their operational approach for either FY98 or FY99. The VAMCs which accurately coded their cases, thus lost many of their major orthopedic operation DRGs on the inpatient side, while the same day surgery outpatient episode recorded the operation. DSS also had two encounters: the outpatient one with the Surgical OR utilization and the inpatient one with the post-op follow-up, utilization.

However, in late FY99, VHA re-opened both the FY98 and FY99 NPC and PTF, to re-code all the episodes on the inpatient encounter. This will not reconcile with the Surgical OR software, which accurately places the OR utilization in the outpatient encounter. On DSS, FY98 is already closed and the “corrections” suggested will not be done. For FY99, the “corrections” will overwrite the original correct DRGs, but OR costs will remain on the outpatient segment.

**WARNING!**

**DSS USERS NEED TO BE AWARE OF THIS LATE FY99 MODIFICATION OF NPC AND PTF ENCOUNTERS RELATIVE TO THE ACTUAL ENCOUNTERS AS THEY OCCURRED IN FY98 AND FY99.**

Other issues with the NPC database identified by the VHA Data Consortium follow.

## **1b(2). DSS MEDICAL RECORDS INFORMATION MORE COMPLETE THAN NPCD/PCE**

In the past year, DSS collected more documented care for outpatients than NPCD or PCE (FY97). This was accomplished by DSS creating outpatient medical records (UTIL-BUILTS”), for all documented X-ray, Surgery, Lab or Event Capture procedures (intermediate products) done on a non-inpatient but not recorded in PCE or NPCD. In one major VAMC over five million dollars of outpatient Lab tests were never transmitted to PCE or NPCD due to a local IRM error. Only 5,000 Lab tests (all phlebotomies) for the VAMC were credited on NPCD for FY97. DSS collected all the Lab encounters (over 220,000). In several VAMCs much outpatient Surgical OR work was lost to NPCD, but credited by DSS.

Another source of more complete cost data for outpatients on DSS than any other national VHA system, is the posting of all outpatient Pharmacy data (including IVP, CMOP, and PRE).

Finally, DSS provides another “RPM (now VERA) enhancement report,” SSN 100101000 that lists all the monthly ancillary workload created by the VAMC, but not properly attributed to a VHA national database, due to inaccurate SSNs, inappropriate set-ups in the clinic or other problems.

### ***VHA DATA CONSORTIUM REPORTS:***

#### **“NPC Data Problems – VHA Data”**

1. “Why are there so many errors in the NPC data? The NPC database has a problem with insufficient edits for such things as diagnosis compatible with gender, etc. Non-VA workload will be missing in the NPCD, *but in FY2000, will have a major amount in DSS.*

Some of the problems noted include: there are 818,000 visits where the race code is unknown; there are 995 diagnosis codes for male only and the sex code is FEMALE; and there are 9,590 diagnosis codes for female only and the sex code is MALE. All of the grouper packages will not group if the sex code does not match the diagnosis. The Consortium wants to know what Austin plans to do about fixing these problems. Do we share this issue with the Data Quality Council?

The NPC is updated on a daily basis with admissions, transfers, and discharges. The old PTF will continue to document diagnosis, procedures, and physical treating specialty data. A FY1999 analysis shows that about 58% of acute care is coded and in PTF within 10 days of discharge; 94% is coded and in within 30 days. Non-acute care has only about 40% in PTF within 30 days of discharge. NPC data is generally current as of event date plus 72 hours. With the load of PTF/Census data following the quarterly Census reporting data should be complete for both diagnosis/procedures as well as physical/provider treating specialties.”

***[Reported by USSC (Kathy L. Frisbee) and ARC (R. McNamara)]***

## 2. PTF/NPC problems with Same Day Surgery (FY98 & FY99)

### Issue Paper

#### ***“Loss of Surgical Data in VHA National Databases***

The problem is that some major surgeries (e.g., CABG, hip surgeries, etc.) are inappropriately being separated into outpatient and inpatient encounters. The OERR 2.5 program did not permit the standard practice of writing orders for inpatient care prior to an admission to be time delayed to apply to the inpatient encounter. The technical problem has been repaired by the OERR 3.0 package. However, the process at some facilities has still not changed. A conference was held with the Network Clinical Managers. They maintain that there is still a software problem. All facilities are required to be running the OERR 3.0 package and the CIO’s office now has a monitor for that. The issue still remains that the corporate database is being corrupted for this element. A white paper was developed regarding this issue.

K. Frisbee presented the white paper to Mr. K. Clark (10N). Something needs to be done. K. Frisbee has been working with Gail Graham (19) to assess where the problem still remains and how to assist the facilities to fix it. (Some changes in codes in NPC and PTF were suggested and made.)” *Note: In September 1999, the entire FY99 PTF/NPC were re-opened and the codes were put on the inpatient encounter even though the operations were done on the outpatient encounter.*

#### ***“TIU – Accuracy of Primary Provider and Primary CPT Code in Multidisciplinary Clinics***

A correction supposedly has been sent out to alleviate this problem. Gail Graham will check on the correction and extent of the continued problem.”

#### **“Actions:**

CNO (K. Frisbee) and CIO HIMS (Gail Graham) are continuing to work on the ***loss of surgical data*** issue.

CIO HIMS (Gail Graham) will check on the correction and extent of the continued TIU problem. Will also check whether old data can be corrected.”

***(Minutes of the 7/29/99 Meeting of the VHA Data Consortium.)***

### **“Enrollment Database – Data Status (7/29/99)**

The Enrollment database is a work in progress. It is available to all who want to use it. However, understanding what/who it contains remains foggy. The MOU contains a page of definitions. A new applicant/enrollee is defined as any applicant or user not seen in FY1996, FY1997 or FY1998. The remaining are past user applicant/enrollees. The Consortium wanted to know if there is an active/inactive designation – no. The database contains over four million records, however they are not all verified/validated yet. The database also includes deaths. A status field needs to be added to identify deaths, ineligible, declined, etc. The deaths are identified for FY1996, FY1997 and FY1998 from the Burles file. The system really needs to know current live enrollees, which they would need to provide care for. Enrollment needs to be linked with Quality.”

“The increase in the actual number of active (alive) VAMC user veterans with enrollment has only been around 5%, when the deaths of previous users are factored in.”

*(P&P – Beth Martindale, Reporter) (Minutes of the 7/29/99 Meeting of the VHA Data Consortium)*

### **DSS CMOPs data versus other VHA data on CMOPs**

DSS from the beginning has included CMOPs dispensing and overhead costs in a separate department from CMOP drug supply costs. This was set-up this way so drug costs of those dispensed from local VAMC, could be compared to those from CMOP. The DSS BISO Fiscal group keeps these costs separate and provides special feeds to AAC-DSS with these costs in separate DSS-developed BOCs.

Unfortunately, most other VHA national sources of CMOP drug costs are no longer reliable as seen in the paragraph below, from the 7/29/99 VHA Data Consortium meeting.

### **“Problems with Accurate Transfer of CMOPs Costs Back to VAMCs**

M. Grindstaff observed to the group that the cost of pharmaceuticals as recorded at the health care facility level in FMS includes CMOPs’ overhead costs as well as the indirect cost of drugs purchased either by the facility or purchased for the facility by the CMOPs. Prior to CMOPs, a “clean” direct cost of pharmaceuticals-only could be determined at the VAMC level by using Budget Object Code (BOC) 2631. Now, the cost of CMOPs-provided drugs and medicines are included together with overhead charges in BOC 2572 at the treatment facility level. These overhead costs cannot be separately identified at the VAMC level in FMS.”

*Note: Unless the VHA Analyst uses DSS data.*

*(Reported by the VHA CFO Office - M. Grindstaff, Reporter)*

## **PART I - CHAPTER TWO**

### **FY99 NEW DSS MEDICAL RECORD FIELDS**

The FY99 new Medical Encounter fields in DSS, are composed mainly of enhancements in health status measures: Provision of Addiction Severity Index (ASI) and inpatient Global Assessment of Function (GAF) scores and an overall grouper for ICD-9 codes called HealthCare Utilization Procedures (HCUP), as well as provision of a new outpatient encounter view for Prosthetic products. A few other enhancements in ward time of providers are present.

#### **Reminder re: Inpatient Surgical CPT Codes**

Since FY98, DSS has run an Inpatient Surgical Medical Record View to provide Inpatient Surgical CPT Codes. This is to increase the search capacity for VAMCs to compare inpatient and outpatient surgeries by the surgical CPT codes that are entered in the VAMC's Surgical VistA Package. These codes are entered in order of primary procedure, the first is the major procedure, the second is the next major, etc.

#### **FY99 New Medical Record Views**

##### **Inpatient**

ASI

##### **Outpatient**

ASI  
PRO

#### **Complete List of FY99 Medical Record Views**

##### **Inpatient**

ADM  
ASI  
MOV  
PAI  
PTFB  
PTFM  
PTFS  
SUR  
TRT

##### **Outpatient**

ASI  
CLI  
NOS  
NPC  
PRE  
PRO

### FY99 NEW FIELDS FOR DSS APPLICATIONS (SHORTENED NAMES)

	Activated			SECURITY									
FIELDNAME	10/1/98	REQ	KEY	FLAG	NUMERIC	DATE	TABLE ID	LENGTH	OCCUR	NUMERIC RANGE	SOURCE	DESCRIPTION	X = NOT PRESENT IN '99
ASI CSALC	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI CSDRU	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI CSEMP	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI CSFAM	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI CSLEG	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI CSMED	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI CSPSY	YES	N	N	N	Y	N		5	1	N	ASI	ASI sub-score	
ASI DATE	YES	N	N	N	N	Y		8	1	N	ASI	ASI date when given	
ASI DPL	YES	N	N	N	N	N		10	1	N	ASI	ASI sub-score	
ASI EDUMONTH	YES	N	N	N	N	N		2	1	N	ASI	ASI education in months beyond years	
ASI EDUYEAR	YES	N	N	N	N	N		2	1	N	ASI	ASI education in years	
ASI OCCUP	YES	N	N	N	N	N		1	1	N	ASI	ASI occupation code	
ASI PROVIDER	YES	N	N	N	N	N		15	1	N	ASI	ASI provider who gave interview	
ASI SAL	YES	N	N	N	N	N		10	1	N	ASI	ASI income	
ASI TYPE	YES	N	N	N	N	N		1	1	N	ASI	ASI type: Full, Lite, Follow-up, Incomplete	
AXIS4B	YES	N	N	N	Y	N		3	1	N	PTF-B	PTF-M Axis 4 score on psych patients	
DXLS	YES	N	N	N	N	N		6	1	N	PTF-M	PTF-M Dx which caused greatest part of LOS	
DSS DEPT	YES	N	N	N	N	N		10	25	N	ADM, MOV	Nursing Unit DCM Dept location of patient	
GAF DATE	YES	N	N	N	N	Y		8	1	N	PTF-B, NPC	Date GAF assessment made	
GAF SCORE	YES	N	N	N	Y	N		3	1	N	PTF-B, NPC	GAF score	
AXIS52B (Inpt GAF)	YES	N	N	N	Y	N		3	1	N	PTF-B	PTF-M GAF or Axis 5 score	
ADMIT HCUP	YES	N	N	N	N	N		3	1	N	ADM	Grouper value only if site inputs Admit Dx	

### FY99 NEW FIELDS FOR DSS APPLICATIONS (SHORTENED NAMES)

	Activated			SECURITY									
FIELDNAME	10/1/98	REQ	KEY	FLAG	NUMERIC	DATE	TABLE ID	LENGTH	OCCUR	NUMERIC RANGE	SOURCE	DESCRIPTION	X = NOT PRESENT IN '99
HCUP	YES	N	N	N	N	N		3	1	N	CLI, NPC PTF-M	Grouper based on Principle Dx	
HOME VAMC	YES	N	N	N	N	N		3	1	N	PTF-M	Home VAMC on PTF - Not Enrollmnt data	
HOME VISN	YES	N	N	N	N	N		2	1	N	PTF-M	Home VISN on PTF - Not Enrollmnt data	
PCP PROVID TYPE	YES	N	N	N	N	N		7	1	N	Most	Prim Care Provider Person Class/Provider Type	
PROS BILL STATUS	YES	N	N	N	N	N		2	1	N	PRO	PRO billing status NOT DSS Billing Status	
PROS FLAG	YES	N	N	N	N	N		1	1	N	PRO	Y = PRO-built encounter record	
PROS HCPCS	YES	N	N	N	N	N		8	1	N	PRO	PRO HCPC(s)	
PROS TRANS TYPE	YES	N	N	N	N	N		1	1	N	PRO	PRO transaction type	
SHAR AGREE INSURCO	YES	N	N	N	N	N		30	1	N	ADM, CLI	New in FY 99 1 insur co = 30 char; 2 insur co = 14 char+", "+14 char; 3 insur co = 9 char+", "+9 char+", "+9char; 4 or more insur = same as 3 + "M" SAS	
SHAR AGREE PAYOR	YES	N	N	N	N	N		15	1	N	ADM, CLI	New in FY 99 - only 6 possible values: CHAMPVA, CHAMPUS, TRICARE, SHARING AGREEMENT, CATEGORY C, CAT C	
SHAR PATIENT FLAG	YES	N	N	N	N	N		1	1	N	ADM, CLI		
WARD ATTEND LOS	YES	N	N	N	N	N		4	1	N	TRT	Length of time losing Ward Attending had pt	
WARD PROVID LOS	YES	N	N	N	N	N		4	1	N	TRT	Length of time losing Ward Provider had pt	
ZIP PLUS 4	YES	N	N	N	N	N		10	1	N	Most	Zip + 4	

## **PART I – CHAPTER THREE**

### **BASIC MEDICAL RECORD: FY99 DSS ENCOUNTER FIELDS**

This chapter provides a grid of all the DSS Medical Encounter Fields and their VHA VistA Medical Record Sources. The grid also provides attributes of these fields: the length; L justify (or not); multiple occurrence (or not).

- For a complete list of all medical encounter and standard derived DSS database fields, please see the CCM Data Dictionary, accessed by the menu path on your VAMC's DSS *U.P.CCM.E.DISPLAY*.
- For a list of some DSS Medical Encounter Fields that hold no data values, and should be considered obsolete, please see the end of the (*Executive Summary, Table 1*), also found in *Part II, Chapter 3, Table 3*.

**DSSTPP Encounter Fields FY99**  
**(Rec Type MR from COPARM)**

USERID: S613SWP      DATE: 98-36157

ADHOC INQUIRY REPORT FOR FILE: COPARM

FIND CRITERIA:

COMPANY CODE = T

RECTYPE     = MR

\* .

\*FIELDNAME, FORMAT, LENGTH, JUSTIFY, OCCURRENCES, MR POST FEEDER SYSTEM

====> RECORDS QUALIFIED: 3076

Field Name	Format	Len	Justify	Occurs	MR Post Feeder Sys
AAC UPDATED DATE	C	8	L	1	NPC
ACG 12 MO	C	5	L	1	NPC
ACG 24 MO	C	5	L	1	NPC
ADMIT ATTEND NPI	C	8	L	1	ADM
ADMIT DATE	C	6	L	1	All MR Views
ADMIT DRG	C	6	L	1	ADM
ADMIT HCUP	C	3	L	1	ADM
ADMIT SOURCE	C	2	L	1	PTFM
ADMIT TREATING SPCLTY	C	6	L	1	ADM
ADMIT WARD	C	6	L	1	ADM
ADMITTING ATTENDING	C	11	L	1	ADM
ADMITTING DIAGNOSIS	C	7	L	1	ADM
AGENT ORANGE	C	1	L	1	ADM, NPC, CLI, PTF-M, PRO
ALIAS	C	15	L	1	CLI, ADM, PRE
ANESTH SUPERV NPI	C	8	L	1	SUR
ANESTHESIA SUPERVISOR	C	11	L	1	SUR
ASI CSALC	C	4	L	1	ASI
ASI CSDRU	C	4	L	1	ASI
ASI CSEMP	C	4	L	1	ASI
ASI CSFAM	C	4	L	1	ASI
ASI CSLEG	C	4	L	1	ASI
ASI CSMED	C	4	L	1	ASI
ASI CSPSY	C	4	L	1	ASI
ASI DATE	C	8	L	1	ASI
ASI DPL	C	1	L	1	ASI
ASI EDUMONTH	C	2	L	1	ASI
ASI EDUYEAR	C	2	L	1	ASI
ASI OCCUP	C	1	L	1	ASI
ASI PROVIDER	C	11	L	1	ASI
ASI SAL	C	1	L	1	ASI
ASI TYPE	C	1	L	1	ASI
ASSESS DATE	C	6	L	1	PAI
ASSESS PURPOSE	C	1	L	1	PAI
ATTEND NPI	C	8	L	1	ADM
ATTEND SURG NPI	C	8	L	1	SUR
ATTENDING MD	C	11	L	1	ADM,
ATTENDING SURGEON	C	11	L	1	sur
AXIS4B	C	3	L	25	PTFB9903
AXIS52B	C	3	L	25	PTFB9902
BILLING STATUS	C	1	L	1	All MRViews, except PAI, PTF-S,B

**DSSTPP Encounter Fields FY99  
(Rec Type MR from COPARM)**

Field Name	Format	Len	Justify	Occurs	MR Post Feeder Sys
BIRTH YEAR	C	4	L	1	NPC
BIRTHDATE	C	8	L	1	NOS, CLI, NPC, ADM, PRE, PRO, ASI
CALC RPM	C	1	L	1	All MRViews, except PAI, PTF-S,B
CCM CASE TYPE	C	8	L	1	All MRViews, except PAI, PTF-S,B
CLI FLAG	C	1	L	1	CLI, NPC, PRO
CLINIC NAME	C	6	L	1	CLI
CLINIC VISITS	C	1	L	1	All Outpt MR Views
COMPANY CODE	C	3	L	1	All MR Views
COUNTY	C	5	L	1	ADM, NPC, PRE, CLI,
CPT4 CODE	C	5	L	30	NPC, CLI, DDC,
CPT4 CODE QTY	C	2	L	10	NPC
DATE OF VISIT	C	6	L	1	All Outpt MR Views
DDC CHRG VAHPC	C	16	L	10	DDC
DDC ELIGIBILITY	C	3	L	1	DDC
DDC QNTY	C	5	L	10	DDC
DDC SALE DATE	C	8	L	1	DDC
DDC STA NO	C	5	L	1	DDC
DISCH MD NPI	C	8	L	1	TRT
DISCH WARD ATTEND NPI	C	8	L	1	TRT
DISCH WARD PROVID NPI	C	8	L	1	TRT
DISCHARGE DATE	C	6	L	1	All MRViews, except PAI, PTF-S,B
DISCHARGE DISPOSITION	C	2	L	1	PTF-M
DISCHARGE DRG	C	3	L	1	PTF-M
DISCHARGE MD	C	11	L	1	TRT
DISCHARGE SERVICE	C	2	L	1	PTF-M
DISCHARGE TREATING SPECIALTY	C	2	L	1	PTF-M, TRT
DISCHARGE WARD ATTENDING	C	11	L	1	TRT
DISCHARGE WARD PROVIDER	C	11	L	1	TRT
DISPOSITION PLACE	C	2	L	1	PTF-M
DIVISION	C	7	L	1	All MRViews
DRG	C	3	L	1	PTF-M
DSS DEPT	C	10	L	1	ADM, MOV
DSS IDENTIFIER	C	9	L	1	NPC, PRE, NOS, PRO, DDC, ASI, CLI
DXLS	C	6	L	1	PTF-M
ELIGIBILITY CODE	C	1	L	1	NOS, CLI, NPC, ADM, PRE, PRO
EMPLOYMENT STATUS	C	1	L	1	ADM
ENCOUNTER AGENT ORANGE	C	1	L	1	NPC, CLI, PTF-M
ENCOUNTER ELIGIBILITY	C	3	L	1	ADM, NPC, CLI
ENCOUNTER IONIZING RAD	C	1	L	1	NPC, CLI
ENCOUNTER MST	C	1	L	1	ADM, CLI
ENCOUNTER NUMBER	C	20	L	1	All MRViews
ENROLL LOC	C	5	L	1	ADM, CLI
FISCAL PERIOD	C	2	L	1	All MRViews
FISCAL YEAR	C	2	L	1	All MRViews
GAF DATE	C	3	L	25	PTF-B, NPC
GAF SCORE	C	3	L	25	PTF-B, NPC
GAINING WARD	C	6	L	1	MOV
HCUP	C	3	L	1	PTF-M, CLI, NPC

**DSSTPP Encounter Fields FY99  
(Rec Type MR from COPARM)**

Field Name	Format	Len	Justify	Occurs	MR Post Feeder Sys
HEALTH INSURANCE IND	C	1	L	1	ADM
HOME VAMC	C	3	L	1	PTF-M
HOME VISN	C	2	L	1	PTF-M
ICD9 CODE	C	7	L	1	CLI, NPC,
INOUT CODE	C	1	L	1	All MRViews
INSURANCE CODE	C	3	L	1	ADM, CLI, PRE
INTERNAL NUMBER	C	9	L	1	All MRViews
LOCATION OF VISIT	C	1	L	1	NPC
MARITAL STATUS	C	3	L	1	ADM
MDC	C	2	L	1	PTF-M
MEANS TEST INDICATOR	C	1	L	1	ADM, NPC
MOVEMENT TYPE	C	2	L	1	MOV, TRT
MPI	C	10	L	1	All VistA MRViews
MST STATUS	C	1	L	1	ADM, CLI
NAME	C	4	L	1	All MRViews
NHCU FLAG	C	1	L	1	PAI
NONOR LOCATION	C	10	L	1	SUR
NOSHOW FLAG	C	1	L	1	NOS, CLI, PRE, NPC, PRO
NPCD FLAG	C	1	L	1	NPC, PRO
NPCD OUTPT PROVIDER	C	11	L	1	NPC
NUMBER OF DEPENDANTS	C	2	L	1	NPC
OBS FLAG	C	1	L	1	ADM, CLI, PRE, NPC, PTF-M
OP CODE	C	5	L	40	PTFS
OVERBOOK INDICATOR	C	1	L	1	CLI
PAI BEDSECTION	C	1	L	1	PAI
PATIENT NAME	C	4	L	1	NOT in Use since FY 97
PCP PROVID TYPE	C	7	L	1	ADM, SUR, PRE, NOS, CLI, PRO,
PERIOD OF SERVICE	C	4	L	1	ADM, NPC
POW	C	1	L	1	ADM, CLI, NPC
POW LOCATION	C	2	L	1	PTF-M, ADM, CLI, NPC
PRE FLAG	C	1	L	1	PRE, NOS, CLI, NPC
PRIM CARE PROVID NPI	C	8	L	1	ADM, SUR, PRE, NOS, CLI, PRO
PRIMARY CARE PROVIDER	C	11	L	1	ADM, SUR, PRE, NOS, CLI, PRO
PRIMARY CARE TEAM	C	4	L	1	ADM, SUR, PRE, NOS, CLI, PRO
PRIMARY CPT QTY	C	2	L	1	NPC
PRIMARY CPT4 CODE	C	8	L	1	NPC, CLI
PRIMARY ELIG CODE	C	3	L	1	ADM, PRE, CLI FY 98 ONLY
PRIMARY ICD9	C	7	L	1	NPC
PRIMARY PROVIDER TYPE	C	6	L	1	NPC
PRIMARY SURG CPT	C	8	L	1	SUR
PRINCIPAL DIAGNOSIS	C	6	L	1	PTF-M
PROCESSING DATE	C	8	L	1	NPC
PROCESSING TIME	C	6	L	1	PRE FY 97 ONLY
PROS BILL STATUS	C	2	L	1	PRO
PROS FLAG	C	1	L	1	PRO
PROS HCPCS	C	8	L	1	PRO
PROS TRANS TYPE	C	2	L	1	PRO
PROVID NPI	C	8	L	1	PRE, NOS, CLI
PROVIDER	C	11	L	1	PRE, NOS, CLI
PROVIDER TYPE	C	6	L	4	CLI, NPC

**DSSTPP Encounter Fields FY99  
(Rec Type MR from COPARM)**

Field Name	Format	Len	Justify	Occurs	MR Post Feeder Sys
PROVIDING MD	C	11	L	1	CLI, NPC
PSEUDO SSN IND	C	1	L	1	All MRViews
PTF DISCH TRTNG SPCLTY	C	2	L	1	PTF-M
PTF TRTNG SPCLTY	C	2	L	25	PTF-B
PTF TRTNG SPCLTY LOS	C	5	L	25	PTF-B
PURPOSE OF VISIT	C	2	L	1	NPC
RACE	C	1	L	1	ADM, PAI, PRE, NOS, CLI, NPC
RADIATION	C	1	L	1	ADM, NPC, CLI, PTF-M, PRO
RECTYPE	C	3	L	1	All MRViews
RELIGION	C	5	L	1	ADM
RUG	C	2	L	1	PAI
SECONDARY DIAGNOSIS	C	6	L	9	PTF-M
SEX	C	1	L	1	ADM, NPC, PRE, CLI, PRO, ASI
SHAR AGREE INSURCO	C	30	L	1	ADM, CLI
SHAR AGREE PAYOR	C	15	L	1	ADM, CLI
SHAR PATIENT FLAG	C	1	L	1	ADM, PRE, CLI FY 99
SHARING PATIENT FLAG	C	1	L	1	ADM, PRE, CLI FY 98 ONLY
SSN	C	9	L	1	All MRViews
STATE	C	2	L	1	ADM, PRE, CLI, NPC
STOP CODE	C	3	L	1	PRE, NOS, CLI, NPC, PRO, DDC, ASI
SURG ATTENDING SERVICE	C	4	L	1	SUR
SURG CANCELLED	C	1	L	1	SUR
SURG CASE NUMBER	C	9	L	1	SUR
SURG CPT CODE2	C	8	L	1	SUR
SURG CPT CODE3	C	8	L	1	SUR
SURG CPT CODE4	C	8	L	1	SUR
SURG CPT CODE5	C	8	L	1	SUR
SURG DATE	C	8	L	1	SUR
SURG FLAG	C	1	L	1	SUR
SURG NPI	C	8	L	1	SUR
SURG PRIMARY STOP CODE	C	3	L	1	SUR
SURG SECONDARY STOP CODE	C	3	L	1	SUR
SURGEON	C	11	L	1	SUR
SURGERY DAY	C	8	L	8	PTF-S
SURGICAL SPECIALTY	C	3	L	1	SUR
TRANSFER FLAG	C	1	L	1	ADM, PTF-M, PAI
TREATING SPCLTY	C	6	L	1	ADM, TRT, PTF-B, PRE, NOS, CLI, SUR
TREATING SPCLTY DRG	C	3	L	25	PTF-B
TREATING SPCLTY TRANS DATE	C	2	L	1	TRT
TREATING SPECIALTY ICD	C	6	L	125	PTF-B
TREATING SPECIALTY LOS	C	4	L	1	TRT, PTF-B97XX
TRNTNG SPCLTY LOSE DATE	C	8	L	25	PTF-B9703
TRTNG SPCLTY LOSE DATE	C	6	L	25	PTF-B
TRTNG SPCLTY PROVIDER	C	11	L	1	TRT
UTIL BUILT	C	1	L	1	NOS, CLI, PRE, NPC,
VAHCPC	C	8	L	10	DDC
VERIFICATION METHOD	C	3	L	1	ADM98, CLI98, PRE98
VETERAN	C	1	L	1	ADM, PRE, CLI, NOS, PRO, NPC

**DSSTPP Encounter Fields FY99  
(Rec Type MR from COPARM)**

Field Name	Format	Len	Justify	Occurs	MR Post Feeder Sys
VHA ENCOUNTER ID	C	15	L	1	NPC
VIETNAM	C	1	L	1	ADM, NPC,
WARD	C	6	L	1	MOV
WARD ATTEND LOS	C	4	L	1	TRT
WARD ATTEND NPI	C	8	L	1	ADM, TRT
WARD ATTENDING	C	11	L	1	ADM, TRT
WARD ATTENDING BEGIN DATE	C	8	L	1	ADM, TRT
WARD DATE	C	8	L	1	MOV
WARD LOS	C	4	L	1	MOV
WARD PROVID LOS	C	4	L	1	TRT
WARD PROVID NPI	C	8	L	1	ADM, TRT
WARD PROVIDER	C	11	L	1	ADM, TRT
WARD PROVIDER BEGIN DATE	C	8	L	1	ADM, TRT
ZIP CODE	C	5	L	1	ADM, NPC, PRE, PRO, CLI
ZIP PLUS 4	C	10	L	1	PRE. CLI, NPC, PRO

## **PART II – CHAPTER ONE**

### **COMPARATIVE SUMMARIES OF DEMOGRAPHIC FIELDS ON DSS OUTPATIENT RECORDS**

This chapter provides a detailed comparison of outpatient encounter demographic elements available from each of the source medical records. Note that the source of outpatient medical records is flagged for the convenience of data users, so you can search for all PRE Flag = Yes (outpatient drugs); NPC Flag = Yes, records from the NPC; PRO Flag = Yes, records only recorded in the Prosthetics package, etc.

The first grid compares demographic elements on the four major outpatient medical record sources from FY97 through FY2000.

The second grid compares demographic elements on all the outpatient medical record sources in FY99 and FY2000.

## II-1-A: COMPARATIVE SUMMARY OF DEMOGRAPHIC FIELDS ON DSS FY1997 - 2000

	FY 97				FY 98				FY 99					FY 2000					
	CLI	PRE	NOS	NPC	CLI	PRE	NO S	NPC	CLI	PRE	NOS	PRO	NPC	CLI	PRE	NOS	PRO	NPC	
BIRTHDATE	X	X	X	X	X	X	X	X	X	X	X	N	X	X	X	X	X	X	
ELIGIBILITY	X	X	X	n/a	X	X	X	n/a	X	X	X	N	n/a	X	X	X	X	n/a	(NPC = Enct Elig)
PRIMARY CARE TEAM	X	X	X	n/a	X	X	X	n/a	X	X	X	N	n/a	X	X	X	X	n/a	
PRIMARY CARE PROVIDER	X	X	X	n/a	X	X	X	n/a	X	X	X	N	n/a	X	X	X	X	n/a	
PROVIDER	X	X	X	n/a	X	X	X	n/a	X	X	X		n/a	X	X	X		n/a	
RACE	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	N	X	U204
VETERAN	X	X	X	X	X	X	X	X	X	X	X	N	X	X	X	X	X	X	
POW STATUS				X	X			X	X				X	X	N	N	N	X	U204, U205, U206
POW LOCATION				X	X			X	X				X	X	N	N	N	X	U204, U205, U206
RADIATION				X	X			X	X			N	X	X	N	N	X	X	U205, U206
ENCOUNTER RADIATION				X	X	n/a	n/a	X	X	n/a	n/a	n/a	X	X	n/a	n/a	n/a	X	
AGENT ORANGE				X	X			X	X			N	X	X	N	N	X	X	U205, U206
ENCOUNTER AGENT ORANGE				X	X	n/a	n/a	X	X	n/a	n/a	n/a	X	X	n/a	n/a	n/a	X	
PROVIDER TYPE				X	X			X	X				X	X	N	N		X	U205, U206
MASTER PAT INDEX									X	N		N		X	X		X		
SEX				X				X	X	N		N	X	X	X	N	X	X	U206
ZIP + 4									N	N		N	N	X	X	N	X	X	U206
PRIMARY CARE PROV NPI									X	N		N	n/a	X	X		X	n/a	
PROVIDER NPI									X	N			n/a	X	X			n/a	
ENCOUNTER ELIGIBILITY				X				X	X				X	N	N	N	N	X	per U201
MST STATUS									N					X	N	N	N		U204, U205, U206
ENCOUNTER MST									N	n/a	n/a	n/a		X	n/a	n/a	n/a		
SHARE AGRMT PAYOR									N				n/a	X	N	N	N	n/a	U204, U205, U206
SHARE AGRMT INSURANCE									N				n/a	X	N	N	N	n/a	U204, U205, U206
ENROLLMENT LOC									N					X	N	N	N		U204, U205, U206
STATE				X				X	X	N			X	X	X	N	N	X	U204, U206
COUNTY				X				X	X	N			X	X	X	N	N	X	U204, U206
DSS Identifier				X				X	N	N	N	X	X	X	X	X	X	X	
Stop Code	X		X	X	X		X	X	X	N	X	X	X	X	X	X	X	X	

N = New for that year    n/a = not available or not applicable

**II – 1(B) - FY 1999 AND FY2000 , COMPARATIVE SUMMARY OF DEMOGRAPHIC FIELDS AVAILABLE FROM ALL NEW MEDICAL RECORD EXTRACT SOURCES FOR FY99 AND FY2000.**

	FY 99										FY 2000									
	CLI	PRE	NOS	PRO	NPC	MH	ECS (CNH/HCHC)	ASI	DDC	UTIL BLT	CLI	PRE	NOS	PRO	NPC	MH	ECS (CNH/HCHC)	ASI	DDC	UTIL BLT
BIRTHDATE	X	X	X	N	X	N/A	N/A	N	N/A	----	X	X	X	X	X			X		----
ELIGIBILITY	X	X	X	N	N/A	N/A	N/A		N/A	----	X	X	X	X	N/A	N			N*	----
PRIMARY CARE TEAM	X	X	X	N	N/A	N/A	N/A		N/A	----	X	X	X	X	N/A	N	N			----
PRIMARY CARE PROVIDER	X	X	X	N	N/A	N/A	N/A		N/A	----	X	X	X	X	N/A	N	N			----
PROVIDER	X	X	X		N/A	N/A	N/A	N	N/A	----	X	X	X		N/A	N	N	X		----
RACE	X	X	X		X	N/A	N/A		N/A	----	X	X	X	N	X					----
VETERAN	X	X	X	N	X	N/A	N/A		N/A	----	X	X	X	X	X					----
						N/A	N/A		N/A	----										----
POW STATUS	X				X	N/A	N/A		N/A	----	X	N	N	N	X					----
POW LOCATION	X				X	N/A	N/A		N/A	----	X	N	N	N	X					----
RADIATION	X			N	X	N/A	N/A		N/A	----	X	N	N	X	X		N			----
ENCOUNTER RADIATION	X	N/A	N/A	N/A	X	N/A	N/A		N/A	----	X	N/A	N/A	N/A	X					----
AGENT ORANGE	X			N	X	N/A	N/A		N/A	----	X	N	N	X	X		N			----
ENCOUNTER AGENT ORANGE	X	N/A	N/A	N/A	X	N/A	N/A		N/A	----	X	N/A	N/A	N/A	X		N			----
PROVIDER TYPE	X				X	N/A	N/A		N/A	----	X	N	N		X	N	N			----
						N/A	N/A		N/A	----										----
MASTER PAT INDEX	X	N		N		N/A	N/A		N/A	----	X	X		X		N	N			----
SEX	X	N		N	X	N/A	N/A	N	N/A	----	X	X	N	X	X			X		----
ZIP + 4	N	N		N	N	N/A	N/A		N/A	----	X	X	N	X	X	N	N			----
PRIMARY CARE PROV NPI	X	N		N	N/A	N/A	N/A		N/A	----	X	X		X	N/A	N	N			----
PROVIDER NPI	X	N			N/A	N/A	N/A		N/A	----	X	X			N/A					----
ENCOUNTER ELIGIBILITY	X				X	N/A	N/A		N/A	----	N	N	N	N	X					----
MST STATUS	N					N/A	N/A		N/A	----	X	N	N	N						----
ENCOUNTER MST	N	N/A	N/A	N/A		N/A	N/A		N/A	----	X	N/A	N/A	N/A						----
SHARE AGRMT PAYOR	N				N/A	N/A	N/A		N/A	----	X	N	N	N	N/A					----
SHARE AGRMT INSURANCE	N				N/A	N/A	N/A		N/A	----	X	N	N	N	N/A					----
ENROLLMENT LOC	N					N/A	N/A		N/A	----	X	N	N	N						----
STATE	X	N			X	N/A	N/A		N/A	----	X	X	N	N	X					----
COUNTY	X	N			X	N/A	N/A		N/A	----	X	X	N	N	X					----
						N/A	N/A		N/A	----										----
DSS Identifier	N	N	N	X	X	N/A	N/A	N	N/A	----	X	X	X	X	X	N		X	N	----
Stop Code	X	N	X	X	X	N/A	N/A	N	N/A	----	X	X	X	X	X	N	N	X	N	----
N = New for that year    n/a = not available or not applicable																				
(---- Will never be available - technically not possible)																				
*DDC Eligibility is for DDC Only and is not the same as for the other extracts.																				

## **PART II - CHAPTER TWO**

### **PROVIDER FIELDS IN FY99**

#### **A. VISN and VAMC as (Institutional) Provider**

For FY99 Enrollment, for transfer pricing, and a variety of other reasons, VISNs and VAMCs are now being considered “Institutional Providers.”

Several fields in VHA Datasets refer to these types of Institutional Providers:

**Historically**, the PTF-Main has provided two fields – Home VISN and Home VAMC.

The Home VISN value is derived at AAC, from the station number of the VAMC submitting the record, which is called “Home VAMC” on the PTF-Main.

In FY99, with the Enrollment initiative, a new institutional provider entity was defined to VistA: “***Preferred Facility.***”

This VistA field “***Preferred Facility***” is called “***Enrollment Location***” on DSS.

Whereas, there should be only one enrollment location per unique SSN, in fact the veteran can change their selection of “Preferred Facility” as frequently as the veteran chooses.

Hence, the field value must always be taken in context with the date of the encounter for which that: Preferred Facility (Enrollment Location) was correct.

#### **B. “HANDS-ON” (MD, RNP, PA) Provider Tracking – Provider Accountability VHA Realities**

##### **“Provider”**

*Unfortunately when VHA redesigned its Ambulatory Care-outpatient encounter system and implemented it in FY97, no field was used to associate the ordering encounter with the resources ordered for the patient.* A simple number identifier could be used to do that in a future enhancement. This number identifier field would have to be on the encounter and in each of VHA’s resource utilization capture systems: LAB; RAD; PHA; ECS; SUR, etc.

*This missing data field means all **OUTPATIENT** provider accountability for resource use is not possible in VHA at this time (FY99-2000).* Inpatient ordering MD, Attending MD, and Ward MD fields permit a greater range of options in tracking MD-accountability, on inpatients. However, even that can vary with the way the search term is defined.

##### **“Primary Care Provider”**

Meantime, VHA through a National VHA effort, the Practice Management Accountability Board (PMAB), has committed to evaluating the influence of the patient’s Primary Care Provider (PCP), Primary Care Team (PC Team) and Associate Provider (Resident PCP-

Extender) on resource utilization of patients in their panel over time in both in-and-outpatient settings.

### **“OPERATIONS IMPROVEMENT”**

This effort to be successful will be linked to a major VISN-level effort toward ***Operations Improvement (OI)***. ***Operations Improvement*** looks at all major case types starting with inpatient episodes, then moving toward annual care episodes, and primarily and fundamentally using the intellectual capital of physicians and other clinicians. While collaboratively working with Doctors, Nurses, Fiscal and Product Line Managers, together they retrospectively evaluate resource utilization and care plans for the specific case types in their center, and together, evaluate and suggest enhancements, refine a final care plan, then observe to find the resource utilization and quality improvements.

The features of DSS which help enable ***OI***, are CCM, DCR (in various cuts), and on the Clinical System (CAS), Critical Pathways, Clinical Indicators, and Large Case Manager. These DSS tools can provide VISNs and VAMCs with what they need to do not only for VAMC-wide, but also for VISN-wide, ***OI***. The doctors then create the basic pattern of care against which to compare and contrast actual practice, thus forming more relevant and far more specific, measures of careful care patterns.

Using the Annual Care Episode with DSS LCM, one can segregate levels of chronic disease, diabetes with and without specific sequelae, diabetics with Hg A1c levels above and below, seven, etc. for annual care patterns and subsequent outcomes.

DSS Clinical Indicators such as Hg A1c and its LAR results or in FY2000, the microalbuminuria LAR, further help segregate and search for different registries of patient sets or outcomes of care.

We encourage all of VAMC DSS Site Managers and teams, DSS VISN Councils and VISN DSS staff members, to broaden their range of using the DSS tools on behalf of a widespread, comprehensive VISN and VAMC ***Operations Improvement*** program in their base sites.

***Operations Improvement*** is a key program to have physicians and other providers set the benchmark standards they want their VISN/VAMC to adhere to by major case-mix categories. These professionals are the designers and the architects and part of the measurement group, of all benchmarking analysis within a VAMC or VISN Operations Improvement Program.

### **Technical Issues with VHA’s “Hands-on Provider” Fields**

Several technical issues impact the VHA’s ability to use its VistA and AAC provider fields for provider accountability tracking.

First, for outpatients, there is no connection between ordering encounter (and its major provider) and the utilization ordered. This is due to major omission in the FY97 Ambulatory Data Care Redesign.

Second, who is the actual ordering doctor? is a problem. In Radiology, for example, radiologists often order further x-rays after a basic order by the attending MD so in that case, it is the Radiologist, who is accountable for further resource use.

Third, are the various ways and methods VHA VistA package use to distinguish providing, ordering, and accountable physician(s) for any encounter, inpatient episode or encounter, and for the ancillary and other resource utilization used in any of these entities.

Fourth, in the new outpatient VistA package, PCE (Patient Centered Events) and its new add-on, TIU (Text Integrated Utility), which creates encounters as needed, in the situation of a multi-provider encounter, the field “primary provider” is automatically filled with the lowest internal File 200 number (PCE) or with the first provider to enter any information (TIU), this is often the nurse. This means that many MDs are missed as being associated with the encounter in multi provider encounter unless a corrective, “workaround” is done. DSS responds with a workaround, by setting up logic in the DSS-NPC extract that fills the primary provider field with a MD, if an MD provider type was present on the list of providers for the encounter.

### **Summary**

Therefore, because of ambiguity in the way a provider is defined and technically-handled in underlying VistA technical systems, there is a major issue in VHA performing provider accountability tracking by a national data application and/or data mart at this time.

However, a careful analyst can develop some information. Further, DSS reports by Primary Care Provider (PCP) are now available on a test website for select reviewers. In the next 12 months, this data will be possible for individual VAMCs to review “in test-only” mode.

Preferably, ***Operations Improvement*** skills, using a variety of DSS functionalities including clinical pathways, will be taught to MD-specialty groups so they can set-up DSS tools and monitor their own patterns of care using their own intellectual capital to make improvements per case-type. This is critical to have in place before a more generalistic, but less informative general “report card” is provided, in anything but “test mode.”

The PMAB, DSS Resources for Provider Tracking which follow in this chapter include:

- I Table of DSS Provider Field, Primarily sorted by Inpatient vs. Outpatient, with secondary sort by DSS Medical Record Extract Source.
- II. Table of commonly-used DSS Provider Medical Encounter Fields, from the summary spreadsheet of commonly-used DSS Fields in the Executive Summary

## **DSS FY99 PROVIDER FIELDS**

### **INPATIENT**

#### **Extract Source**

ADM	<b>Primary Care Team</b>	<b>Primary Care Team</b> to which patient is assigned Filled with value from PCMM. If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File). If both PCMM & File #2 are null, sends null
ADM	<b>Primary Care Provider</b>	<b>Primary Care Provider</b> to which patient is assigned Filled with value from PCMM. If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File). If both PCMM & File #2 are null, sends null
ADM	Admitting Attending	Attending MD for the Admission Filled from field with same name in Patient Movement File
ADM	Ward Attending	Attending MD for the first segment of inpatient care Filled from field with same name in Patient Movement File whenever there is a new value
ADM	Ward Provider	Other provider assigned to admission, may be resident, Nurse practitioner, PA Filled from field name "Primary Care Provider" in the admission in Patient Movement File
ADM	Attending MD	Attending MD for the Admission Filled from field with same name in Patient Movement File (A required Eclipsys field always contains only admit attending)
ADM	Ward Attending Begin Date	Beginning Date for first attending inpatient segment of care Filled with admission date for first segment
ADM	Ward Provider Begin Date	Beginning Date for first ward provider inpatient segment of care Filled with admission date for first segment if Ward Provider is not null.

TRT	Ward Attending	Attending MD for the next segment of inpatient care Filled from field with same name in Patient Movement File whenever there is a new value
TRT	Ward Attending Begin Date	Beginning Date for next attending inpatient segment of care Filled with date a change in attending is recorded in the Patient Movement File
TRT	Ward Provider	Ward Provider for the next segment of inpatient care (independent of changes in values of ward attending) Filled from field with same name in Patient Movement File whenever there is a new value
TRT	Ward Provider Date	Beginning Date for next ward provider inpatient segment of care Filled with date a change in attending is recorded in the Patient Movement File
TRT	Discharge MD	Filled with value of Attending in Patient Movement File discharge transaction
TRT	Discharge Ward Attending	Filled with value of Attending in Patient Movement File discharge transaction
TRT	Discharge Ward Provider	Filled with value of ward provider in Patient Movement Provider File discharge transaction
PTF-M	Discharge Service	Service from which patient was discharge Derived by SAS from treating specialty field value in final (discharge) PTF-B transaction
PTF-B	PTF Treating Spclty	Inpatient segments of care, by treating specialty Filled with information from PTF - NOT from Patient Movement File
SUR	Surgeon	Filled with value in field of same name in DSS extract from VistA Surgery Package
SUR	Attending Surgeon	Filled with value in field of same name in DSS extract from VistA Surgery Package
SUR	Anesthesia Supervisor	Filled with value in field of same name in DSS extract from VistA Surgery Package

## **OUTPATIENT**

### **Extract Source**

PRE	Provider	Provider who wrote prescription Filled from Provider field in VistA Outpatient Pharmacy pkg (File #4)
PRE	Treating Spclty	Treating Specialty of Inpatients (Inpatients Only) Filled with Trting Spclty of location of inpatient
PRE	<b>Primary Care Team</b>	<b>Primary Care Team</b> to which patient is assigned
NOS		Filled with value from PCMM
CLI		If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File) If both PCMM & File #2 are null, sends null
PRE	<b>Primary Care Provider</b>	<b>Primary Care Provider</b> to which patient is assigned
NOS		Filled with value from PCMM
CLI		If PCMM is null (or not operating) filled with value in field of same name in VistA File #2 (Patient File) If both PCMM & File #2 are null, sends null
CLI	Provider	Provider with whom the appointment was scheduled Filled by DSS CLI extract
NOS	Provider	Provider with whom the appointment was scheduled Filled by DSS NOS extract
NPC	Primary Provider Type	File #200 Person Class value in NPCD field of same name
NPC	Provider Type	Multiply-occurring File #200 Person Class values in NPCD field of same name
NPC	NPCD Outpt Provider	Null until value is sent to NPCD
NPC	Providing MD	Null until value is sent to NPCD

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<b>Provider Fields</b>					
Ward Attending		ADM, changes from TRT	Y	Y	N/A
Admitting Attending		ADM-never updated	N	Y	N/A
Attending MD	TSI-required. Only shows Admitting Attending.	ADM-never updated	N	Y	N/A
Ward Provider		ADM, changes from TRT	Y	Y	N/A
Provider	Provider who wrote prescription, NOS/CLI provider with whom appointment was scheduled.	Outpatient PRE, CLI, PRE	N (except on DCR with ECS)	N/A	Y except NPCD only
Providing MD	CLI=File #200, if provider type=an MD ; NPCD=File #200 reference when available in NPCD	Outpatient CLI/NPCD	Y	N/A	Not PRE
Primary Care Provider	Primary care provider	ADM, PRE, NOS, CLI, PRO, PCMM	N	Y	Not ASI, not DDC
Prim Care Provid NPI	Null until VistA fills w/Natl provider index number	ADM, PRE, NOS, CLI, PRO, PCMM	N	Y	
NPCD Outpt Provider	Null until filled in NPCD	NPCD	Y	N/A	NPCD only
Discharge Ward Attending	Last MD legally responsible for care listed upon discharge	Inpatient only, TRT	N	Y	N/A
Discharge Ward Provider	Ward Provider current upon discharge	Inpatient only, TRT	N	Y	N/A
Disch Ward Attend NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
Disch Ward Provid NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
Disch MD NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
*Trtnng Spclty Provider	Obsolete, not used in FY99				
*PCP	Obsolete, not used in FY99				

## PART II – CHAPTER THREE

### COMMON SEARCH FIELDS: Different between inpatient and outpatient/and others:

The commonly used search fields on DSS included in this section are ones that VHA users find especially challenging.

**First** is the difference in procedure and diagnostic code field names between in-and-outpatients as required by AHIMSA for all healthcare facilities. These are included in this chapter.

**Second** are DSS fields that seem alike, so it is easy for new DSS users, to not select the correct field for the search which they wish to run. Please use the grid in the Executive Summary and the Field definitions in **Part I, Chapter Three**, to help you distinguish the specific fields you should use for searching.

#### **Warning!**

**Third**, standard field names on DSS should never be used for custom (local) indicators on any VAMC or VISN's DSS database. If such is done, it could cause major problems in standard DSS operations. ***Do not set up on DSS, clinical indicators with standard DSS database field names!***

This chapter has three grids. The first grid shows the difference in nomenclature between outpatients and inpatients for similar fields for diagnosis and procedures, required by the American Health Informatics Management Association (AHIMA). DSS must follow NPC and AHIMA conventions.

The second grid, shows these diagnosis and procedure fields found on DSS; their source medical record extract; and also shows similar sounding fields which are obsolete: found as names on DSS, without any patient record values.

The third grid, also selected for the Executive Summary, is like the second but also shows several other additional types of fields, commonly needed for searches.

**Am. Health Info. Mgt. Assoc.**

**REQUIRED DIAGNOSTIC AND PROCEDURAL DESIGNATORS:  
DIFFERENCE BETWEEN INPATIENT AND OUTPATIENT**

	<b><u>INPATIENT</u></b>	<b><u>OUTPATIENT</u></b>
<b><u>Diagnostic Codes</u></b>	Principal Diagnosis Secondary Diagnosis	Primary ICD9 ICD9 Code
<b><u>Procedure Codes Surgical</u></b>	Primary Surg CPT Surg CPT Code 2 Surg CPT Code 3 Surg CPT Code 4 Surg CPT Code 5	Primary CPT4 Code CPT4 Code (Multiple) CPT4 Code (Multiple) CPT4 Code (Multiple) CPT4 Code (Multiple)
<b><i>Also ICD9-CM Operative Procedure Codes</i></b>	OP Code (Multiple) OP Code (Multiple)	N/A N/A

<b>DSS Field Name</b>	<b>Field Definition</b>	<b>Extracts</b>	<b>Multiply Occurring? (Yes/No)</b>	<b>Inpatient Complete (Yes/No)</b>	<b>Outpatient Complete (Yes/No)</b>
<i>This column lists the most commonly used fields in the DSS database.</i>	<i>This column describes the DSS Field.</i>	<i>This column lists the extracts that this data field is pulled from. If there is a logical order to which the system assigns this value, then that is explained. i.e. If the system looks to the ADM extract first, then to the TRT then this is described.</i>	<i>This is a Yes/No as to whether the field can occur multiple times on a single encounter.</i>	<i>This column indicates whether the field is completely populated on all inpatient encounters in the database.</i>	<i>This column explains whether or not the user can expect to have the field completely populated on all Non-ASI/Non-DDC/Non-Util Built outpatient encounters.</i>
<b>Diagnosis Codes</b>					
ICD9 Code		CLI, NPCD	Y	N/A	Y, Not DDC, Not ASI
Primary ICD9		NPCD	N	N/A	Y, Not DDC, Not ASI
Principal Diagnosis		PTF-M	N	Y	N/A
Secondary Diagnosis		PTF-M	Y	Y	N/A
Admitting Diagnosis		ADM	N	only if used by site	N/A
Treating Specialty ICD		PTF-B	Y	Y	N/A
*ICD.9	Obsolete, not used in FY99				
<b>Procedure Codes</b>					
OP Code		PTF-S	Y	N	Not ASI, not DDC
Primary CPT4 Code		CLI, NPC	N	N/A	Not ASI, not DDC
Primary Surg CPT		SUR	N	N	N/A
Surg CPT Code2		SUR	N	N	N/A
Surg CPT Code3		SUR	N	N	N/A
Surg CPT Code4		SUR	N	N	N/A
Surg CPT Code5		SUR	N	N	N/A
CPT4 Code		CLI, NPC, DDC	Y	N/A	Not ASI
*Non ASC CPT4 Code	Obsolete, not used in FY99				
*Principal Procedure	Obsolete, not used in FY99				
*Secondary Procedure	Obsolete, not used in FY99				
*Surgical Procedure	Obsolete, not used in FY99				

<b>DSS Field Name</b>	<b>Field Definition</b>	<b>Extracts</b>	<b>Multiply Occurring? (Yes/No)</b>	<b>Inpatient Complete (Yes/No)</b>	<b>Outpatient Complete (Yes/No)</b>
<i>This column lists the most commonly used fields in the DSS database.</i>	<i>This column describes the DSS Field.</i>	<i>This column lists the extracts that this data field is pulled from. If there is a logical order to which the system assigns this value, then that is explained. i.e. If the system looks to the ADM extract first, then to the TRT then this is described.</i>	<i>This is a Yes/No as to whether the field can occur multiple times on a single encounter.</i>	<i>This column indicates whether the field is completely populated on all inpatient encounters in the database.</i>	<i>This column explains whether or not the user can expect to have the field completely populated on all Non-ASI/Non-DDC/Non-Util Built outpatient encounters.</i>
<b>Eligibility Codes</b>					
Means Test Indicator	Value describing the currency of the Means Test	From ADM and NPC	N	Y	NPC only
Eligibility Code	Patient-centered eligibility code	ADM, PRE, NOS, PRO, CLI	N	Y	Y, not ASI, DDC
Encounter Eligibility		NPCD	N	Y	NPC only
DDC Eligibility		DDC	N	N	DDC only
<i>*Primary Eligibility Code</i>	Obsolete, not used in FY99				
<b>Diagnosis Codes</b>					
ICD9 Code		CLI, NPCD	Y	N/A	Y, Not DDC, Not ASI
Primary ICD9		NPCD	N	N/A	Y, Not DDC, Not ASI
Principal Diagnosis		PTF-M	N	Y	N/A
Secondary Diagnosis		PTF-M	Y	Y	N/A
Admitting Diagnosis		ADM	N	only if used by site	N/A
Treating Specialty ICD		PTF-B	Y	Y	N/A
<i>*ICD.9</i>	Obsolete, not used in FY99				
<b>Util-Built</b>					
Util Built		UTIL BUILT	N	N/A	Util Built only
<i>* Util Built</i>	Obsolete, not used in FY99				

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<b>Name</b>					
Name			N	Y	Y
*Patient Name	Obsolete, not used in FY99				
<b>Age</b>					
Age			N	Y	Not ASI, DDC
Age Year	Eclipsys computed field		N		
<b>Movement Codes</b>					
Movement Type		TRT, MOV	Y	Y	N/A
*Type of Movement	Obsolete, not used in FY99				
<b>Procedure Codes</b>					
OP Code		PTF-S	Y	N	Not ASI, not DDC
Primary CPT4 Code		CLI, NPC	N	N/A	Not ASI, not DDC
Primary Surg CPT		SUR	N	N	N/A
Surg CPT Code2		SUR	N	N	N/A
Surg CPT Code3		SUR	N	N	N/A
Surg CPT Code4		SUR	N	N	N/A
Surg CPT Code5		SUR	N	N	N/A
CPT4 Code		CLI, NPC, DDC	Y	N/A	Not ASI
*Non ASC CPT4 Code	Obsolete, not used in FY99				
*Principal Procedure	Obsolete, not used in FY99				
*Secondary Procedure	Obsolete, not used in FY99				
*Surgical Procedure	Obsolete, not used in FY99				
<b>Stop Code Fields</b>					
Stop Code		NPC, CLI	N	N/A	Y
DSS Identifier		NPC, CLI	N	N/A	Y

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
<b>Zip Codes</b>					
Zip Code		ADM, PRE, CLI, NPC, PRO	N	Y	Not ASI, DDC
Zip Plus 4		PRE, CLI, NPC, PRO	N		Not ASI, DDC
*Zip	Obsolete, not used in FY99				
<b>Fields not Used Starting in FY99</b>					
*Primary Eligibility Code	Obsolete, not used in FY99				
*ICD.9	Not used in FY99				
* Util Built	Not being used				
*Tring Spclty Provider	Obsolete, not used in FY99				
*PCP	Obsolete, not used in FY99				
*Patient Name	Obsolete, not used in FY99				
*Type of Movement	Obsolete, not used in FY99				
*Non ASC CPT4 Code	Obsolete, not used in FY99				
*Principal Procedure	Obsolete, not used in FY99				
*Secondary Procedure	Obsolete, not used in FY99				
*Surgical Procedure	Obsolete, not used in FY99				
*Zip	Obsolete, not used in FY99				

## **PART II – CHAPTER FOUR**

### **SURGERY OPERATION INFORMATION**

Since FY98, DSS has aided users to search for similar types of surgery between inpatients and outpatients by adding the inpatient fields Primary Surgical CPT and Surgical CPT. These fields are directly collected from the VistA surgery extract. Surgical procedures on VistA, are arrayed with the major procedure first, the next major, second and so forth.

Using these surgical CPT code values for inpatients and the primary CPT code, and CPT4 codes values for outpatients having surgery encounters (Stopcode = 429 and/or IPD number = S311), a DSS User can find all patients with specific surgical CPTs whether inpatients or outpatients.

In FY98 and FY99, a problem occurred in major surgical cases requiring inpatient stays, but which were admitted on the same day as surgery. This problem was in VistA, NPC and DSS.

Due to old issues with OERR software, these cases were kept outpatient by the surgeons, usually orthopedics, for the surgery and admitted afterward. DSS records the costs and utilization exactly on the encounter on which it occurs. In this case, the OR costs and utilization appear on DSS with the same day's outpatient (OR) encounter.

In September 1999, VHA HIMS requested the VHA NPC/PTF database be opened for the entire FY and advised all VAMCs to modify their records to code the OR surgery on the inpatient, not outpatient, encounter. This makes DSS costs in discrepancy with where the diagnostic and procedure codes have now been changed to.

If you identify any other issue with the operating room surgery, coding or case-identifying, please notify DSS/BTSO/D: POCs Ruth M. Greene, Tom Fitzgerald, Steve Porter, Michelle LoDico and Elisabeth McSherry.

Thank you.

<b>DSS Field Name</b>	<b>Field Definition</b>	<b>Extracts</b>	<b>Multiply Occurring? (Yes/No)</b>	<b>Inpatient Complete (Yes/No)</b>	<b>Outpatient Complete (Yes/No)</b>
<i>This column lists the most commonly used fields in the DSS database.</i>	<i>This column describes the DSS Field.</i>	<i>This column lists the extracts, that this data field is pulled from. If there is a logical order to which the system assigns this value, then that is explained. i.e. If the system looks to the ADM extract first, then to the TRT then this is described.</i>	<i>This is a Yes/No as to whether the field can occur multiple times on a single encounter.</i>	<i>This column indicates whether the field is completely populated on all inpatient encounters in the database.</i>	<i>This column explains whether or not the user can expect to have the field completely populated on all Non-ASI/Non-DDC/Non-Util Built outpatient encounters.</i>
<b>Procedure Codes</b>					
OP Code	(ICD-9 CM Opcodes)	PTF-S	Y	N	Not ASI, not DDC
Primary CPT4 Code	Outpatients only	CLI, NPC	N	N/A	Not ASI, not DDC
Primary Surg CPT	Inpatient Only	SUR	N	N	N/A
Surg CPT Code2		SUR	N	N	N/A
Surg CPT Code3		SUR	N	N	N/A
Surg CPT Code4		SUR	N	N	N/A
Surg CPT Code5		SUR	N	N	N/A
CPT4 Code	Outpatient Only	CLI, NPC, DDC	Y	N/A	Not ASI
<i>*Non ASC CPT4 Code</i>	Obsolete, not used in FY99				

## **PART II – CHAPTER FIVE**

### **FY99 NURSING WARD NATIONAL DSS PRODUCTION UNIT IDENTIFIERS**

Effective in FY99, DSS required all VAMCs to enter the National DSS Production Unit Identifier for each MAS File 44/42 Nursing Ward and/or Patient Residential Unit onto a DSS Manager's Spreadsheet before the MOV or ADM extracts would run.

This new field, is required so that in Phase II, of Inpatient NPC, the National NPC Database will be able to reference National types of Nurse wards and not just have a collection of idiosyncratic codes from MAS file 44/42 to indicate the physical overnight location of the patient.

The list on the next page shows the National DSS Production Unit Codes, available in FY99, for these Nursing wards, Domiciliary and PR RTP residential units.

**FY99 PRODUCTION UNIT CODES AND NATIONAL DESCRIPTIONS FOR ALL  
NURSING WARDS AND RESIDENTIAL UNITS**

<b>DSS Production Unit Code</b>	<b>National Long Description</b>
20	GEM WARD
21	GEROPSYCH WARD
22	INPATIENT GRECC CARE
29	HOSPICE WARD
51	DOMICILLIARY (D) ROUTINE
52	DOMICILLIARY-PTSD/PSU
53	DOMICILLIARY-SLU
54	DOMICILLIARY-CWT INPATIENT
56	DOMICILLIARY NHCU
57	DOMICILLIARY ITTP INTENSIVE TRANSITIONAL TRMT PROG
58	DOMICILLIARY SUBSTANCE ABUSE
59	DOMICILLIARY CRTU
4A	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - GENERAL PR RTP
4B	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - PR RP (PTSD)
4C	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - SAR RTP (SUBSTANCE ABUSE)
4D	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - CWTTR-HCMI
4E	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - CWTTR-SUBSTANCE ABUSE
4F	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - CWTTR-PTSD
4G	PSYCHIATRY RESIDENTIAL REHAB TREATMENT CENTERS - CWTTR GENERAL
5A	DOMICILLIARY HOMELESS
5E	DOMICILLIARY HEALTH MAINTENANCE
5F	DOMICILLIARY PSI RESIDENTIAL REHAB (DAY) PROGRAM (PR RP)
5I	DOMICILLIARY - REHAB
E1	SICU
E2	TICU
E3	MICU1
E4	MICU2
E5	NICU
E6	CCU
E7	STEPDOWN 1
E8	MICU/SICU COMB
EJ	RECOVERY ROOM
EK	WARD GENERAL MEDICINE/ACUTE MEDICINE 1
EL	WARD GENERAL MEDICINE/ACUTE MEDICINE 2
EM	WARD GENERAL MEDICINE/ACUTE MEDICINE 3
EN	WARDS ONCOLOGY
EO	WARDS RHEUMATOLOGY/DERMATOLOGY
EP	WARDS - INFECTIOUS DISEASE

**FY99 PRODUCTION UNIT CODES AND NATIONAL DESCRIPTIONS FOR ALL  
NURSING WARDS AND RESIDENTIAL UNITS**

<b>DSS Production Unit Code</b>	<b>National Long Description</b>
EQ	WARD VENTILATOR INT. MED 1
ES	WARD GENERAL MEDICINE/ACUTE MEDICINE 4
F1	WARDS - SURGERY 1
F2	WARDS - SURGERY 2
F3	WARDS - SURGERY 3
F4	WARDS NEUROSURGERY
F5	WARD NEURO/NEURO SURGERY
FE	WARDS MIXED MED/SURG 1
FF	WARDS MIXED MED/SURG 2
FG	WARDS MIXED MED/SURG 3
FH	WARDS MIXED MED/SURG 4
FI	WARDS MIXED MED/SURG/PSI 1
FJ	WARDS MIXED MED/SURG/PSI 2
FK	WARD MIXED MED/SURG/INT. MED 1
FL	WARD MIXED MED/SURG/INT. MED 2
FM	WARDS MIXED MED/INT. MED 1
FN	WARDS MIXED MED/INT. MED 2
FO	WARD INT. MED WARD 1
FP	WARD INT. MED WARD 2
FS	WARD VENTILATOR INT. MED 2
FT	WARD NEURO
G1	WARDS - ROUTINE NHCU 1
G2	WARDS - ROUTINE NHCU 2
G3	WARDS - ROUTINE NHCU 3
G4	WARDS - ROUTINE NHCU 4
G5	WARDS - ROUTINE NHCU 5
G6	WARDS - ROUTINE NHCU 6
G7	WARDS - NHCU VENTILATOR 1
G8	WARDS - NHCU VENTILATOR 2
GK	WARDS SCI ROUTINE 1
GL	WARDS SCI ROUTINE 2
GM	WARDS SCI - VENTILATOR 1 (ONLY)
GN	WARDS SCI - VENTILATOR 2 (ONLY)
GO	WARDS SCI - SURGERY
GP	WARDS SCI - CHRONIC 1
GQ	WARDS SCI - CHRONIC 2
GR	WARDS SCI - CHRONIC 3

**FY99 PRODUCTION UNIT CODES AND NATIONAL DESCRIPTIONS FOR ALL  
NURSING WARDS AND RESIDENTIAL UNITS**

<b>DSS Production Unit Code</b>	<b>National Long Description</b>
GS	WARDS REHAB CARDIAC
GT	WARDS REHAB ROUTINE
GU	WARDS REHAB BLIND
GV	WARDS REHAB PAIN
H1	WARDS ALC/DRUG REHAB 1
H3	WARDS PSYCHIATRY MIXED DETOX 1
H4	WARDS PSYCHIATRY MIXED DETOX 2
H5	WARDS PSYCHIATRY ACUTE 1
H6	WARDS PSYCHIATRY ACUTE 2
H7	WARDS PSYCHIATRY CHRONIC 1
H8	WARDS PSYCHIATRY CHRONIC 2
H9	WARDS PSYCHIATRY CHRONIC 3
HA	WARDS PSYCHIATRY CHRONIC 4
HI	WARDS ALC/DRUG REHAB 2
HJ	WARDS ALC/DRUG REHAB 3
HK	WARDS ALC/DRUG REHAB 4
HL	WARDS PSYCHIATRY ACUTE 3
HM	WARDS PSYCHIATRY ACUTE 4
HN	STAR I - MED/PSYCH <90 DAY STAY, OFTEN WITH NEURO SVC.
HO	STAR II - INTENSIVE LIFE SKILLS REHAB >90 DAY STAY
HP	STAR III - PSYCHIATRIC NURSING CARE, NOT ELIGIBLE FOR NHCU
JD	PTSD WARD 1
JE	PTSD WARD 2
JF	PTSD WARD 3
JG	PTSD WARD 4

## **PART II – CHAPTER SIX**

### **TREATING SPECIALTY TO SERVICE CONVERSION LOGIC**

The National VHA Inpatient Records at Austin (AAC) in the PTF-B (Bedsection) file, do not have related Service attached, even though Service is an important rollup entity for DSS, CDR and other National Data Users.

Therefore, DSS has developed a conversion logic for rolling treating specialty codes into major VHA BedServices. This conversion logic is on the grid on the next page. The codes for the major Bed Services are:

<b><u>Code</u></b>	<b><u>Bed Service</u></b>
M	= Medicine
S	= Surgery
P	= Psychiatry
MU	= MICU
SU	= SICU
NH	= Nursing Home
R	= Rehab
N	= Neurology
OB	= Observation Blind Rehab
OC	= Observation Spinal Cord
OM	= Observation Medicine
ON	= Neurology
OP	= Psychiatry
OR	= Rehab Med
OS	= Surgery

**PTF FY99 TREATING SPECIALTY Conversion Logic***(CONVERTS TREATING SPECIALTY TO SERVICE)*

<b>Treating Specialty</b>	<b>Major Bedservice</b>	<b>VALUE</b>	<b>15 CHARACTER</b>	<b>30 CHARACTER</b>
1	= "M"	1	ALLERGY	ALLERGY
2	= "M"	2	CARDIOLOGY	CARDIOLOGY
3	= "M"	3	PULMONARY TB	PULMONARY TB
4	= "M"	4	PULM NON-TB	PULM NON-TB
5	= "M"	5	GERONTOLOGY	GERONTOLOGY
6	= "M"	6	DERMATOLOGY	DERMATOLOGY
7	= "M"	7	ENDOCRINOLOGY	ENDOCRINOLOGY
8	= "M"	8	GASTROENTEROLGY	GASTROENTEROLOGY
9	= "M"	9	HEMAT/ONCOLOGY	HEMAT/ONCOLOGY
10	= "N"	10	NEUROLOGY	NEUROLOGY
11	= "N"	11	EPILEPSY CENTER	EPILEPSY CENTER
12	= "MU"	12	MEDICAL ICU	MEDICAL ICU
14	= "M"	14	METABOLIC	METABOLIC
15	= "M"	15	GEN(ACUTE)MED	GEN(ACUTE)MED
16	= "M"	16	CARDIAC STPDOWN	CARDIAC STEPDOWN
17	= "M"	17	TELEMETRY	TELEMETRY
18	= "ON"	18	NEURL OBSERVTN	NEUROLOGY OBSERVATION
19	= "N"	19	STROKE	STROKE
20	= "R"	20	REHAB MEDICINE	REHAB MEDICINE
21	= "R"	21	BLIND REHAB	BLIND REHAB
22	= "C"	22	SPINAL CORD INJ	SPINAL CORD INJ
23	= "OC"	23	SCI OBSERVATION	SCI OBSERVATION
24	= "OM"	24	MEDICAL OBSERVTN	MEDICAL OBSERVATION
25	= "P"	25	PSY RES RE TRM	PSYC RES REHAB TRMT
26	= "P"	26	PTSD RES RE PGM	PTSD RES REHAB PGM
27	= "P"	27	SUB AB RES REH	SUB ABUSE RES REHAB
28	= "R"	28	HCMC CWT/TR	HCMC CWT/TR
29	= "R"	29	SA CWT/TR	SA CWT/TR
31	= "M"	31	GEM ACUT MED	GEM ACUTE MEDICINE
32	= "I"	32	GEM INTERMED	GEM INTERMEDIATE
33	= "P"	33	GEM PSYCHIATRY	GEM PSYCHIATRY
34	= "N"	34	GEM NEUROLOGY	GEM NEUROLOGY
35	= "R"	35	GEM REHAB	GEM REHAB

<b>Treating Specialty</b>	<b>Major Bedservice</b>	<b>VALUE</b>	<b>15 CHARACTER</b>	<b>30 CHARACTER</b>
36	= "OB"	36	BLIND OBSERVATION	BLIND REHAB OBSERVATION
40	= "I"	40	INTERMED MED	INTERMEDIATE MED
41	= "OR"	41	REHAB OBSERVATN	REHAB OBSERVATION
50	= "S"	50	SURGERY-GEN	SURGERY-GEN
51	= "S"	51	GYNECOLOGY	GYNECOLOGY
52	= "S"	52	NEUROSURGERY	NEUROSURGERY
53	= "S"	53	OPHTHALMOLOGY	OPHTHALMOLOGY
54	= "S"	54	ORTHOPEDIC	ORTHOPEDIC
55	= "S"	55	EAR,NOSE,THROAT	EAR,NOSE,THROAT
56	= "S"	56	PLASTIC SURGERY	PLASTIC SURGERY
57	= "S"	57	PROCTOLOGY	PROCTOLOGY
58	= "S"	58	THORACIC SURG	THORACIC SURG
59	= "S"	59	UROLOGY	UROLOGY
60	= "S"	60	ORAL SURGERY	ORAL SURGERY
61	= "S"	61	PODIATRY	PODIATRY
62	= "S"	62	PERIPHERAL VASC	PERIPHERAL VASCULAR
63	= "SU"	63	SURGICAL ICU	SURGICAL ICU
65	= "OS"	64	SURG OBSERVATION	SURG OBSERVATION
70	= "P"	70	ACUTE PSYCH	ACUTE PSYCH
71	= "P"	71	LONGTERM PSYCH	LONGTERM PSYCH
72	= "P"	72	ALC DEP-HI INT	ALCOH DEPEND-HI INT
73	= "P"	73	DRUG DEP-HI INT	DRUG DEPEND-HI INT
74	= "P"	74	SUB AB-HI INT	SUBS ABUSE-HI INT
75	= "P"	75	HALFWAY HOUSE	HALFWAY HOUSE
76	= "P"	76	PSY MED INFIRM	PSYCH MED INFIRM
77	= "P"	77	PSY RES REHAB	PSYCH RES REHAB
79	= "P"	79	SPE INP PTSD UN	SPEC INP PTSD UNIT
80	= "NH"	80	NURS HOME CARE	NURSING HOME CARE
81	= "NH"	81	GEM NHCUC	GEM NHCUC
83	= "RE"	83	RESPIRE CARE	RESPIRE CARE
84	= "P"	84	PSY SA-INT CARE	PSY SA (INTER CARE)
85	= "DO"	85	DOMICILIARY	DOMICILIARY
86	= "DO"	86	DOM SUB ABUSE	DOMICILIARY SUBSTANCE ABUSE
87	= "DO"	87	GEM DOMICILIARY	GEM DOMICILIARY
88	= "DO"	88	DOM PTSD	DOM PTSD

<b>Treating Specialty</b>	<b>Major Bedservice</b>	<b>VALUE</b>	<b>15 CHARACTER</b>	<b>30 CHARACTER</b>
89	= "P"	89	STAR123 PGMS	STAR I, II, II PGMS
90	= "P"	90	SUB AB STAR123	SUB AB STAR I, II, III
91	= "P"	91	EVL/BRF TR PTSD	EVAL/BRF TRMT PTSD
92	= "P"	92	PSYC-GEN INTER	PSYC-GENERAL INTER
93	= "P"	93	HI-INT GEN PSO	HI INT GEN PSCH-INP
94	= "OP"	94	PSYC OBSERVATION	PSYC OBSERVATION
98	= " "	98	NON-DOD BEDS	NON-DOD BEDS
99	= " "	99	DOD BEDS	DOD BEDS

## PART II – CHAPTER SEVEN

### HEALTH STATUS MEASURES AND NEW CASE-MIX GROUPERS ON DSS

#### A. New Case-Mix Groupers

##### Background

In FY99, values for one new Case-Mix grouper is available on DSS in FY99: (1) 10/1/98 – **HCUPS**, (2) Some time later, VHA hopes to provide two other new, case-mix groupers. A second grouper will provide values to DSS: **APCs**; and, (3) values from a third grouper are expected to be available in FY2000: **ACGs**. **DXCGs** are also being carefully looked at by the VHA's Management Science Group (MSG).

Details about each of these groupers can be found in *Table 1* below.

## New DSS FY99 HCUP Case-Mix Groupers and other VHA Plans

Grouper	Long Name	Source	Encounter based (or) Capitation based	I, O or Both	Basis for Grouping	Current Health Care World Use	Number of Categories
APC	Ambulatory Procedure Codes	3-M HCFA contract	Outpatient Encounter only <i>Encounter-based only</i>	O	CPT Procedure Codes (with appropriate ICD-9 Dx codes)	Medicare/HCFA will require use of this grouper for free standing Amb. Surgery center work effective Jan. '99; later will use for outpatient work more generally. Encounter based for economic analyses.	290 APCs in 45 organ system clusters with 992-999 error codes in error cluster 46.
HCUP-3	Healthcare Cost & Utilization Program	HHS-(AHCPR) (agency for Health Care Policy and Research) (AHCPR Pub. No. 96-0046 April '96)	Inpatient encounter (VHA will also use on outpatient encounters for different analyses) <i>Encounter- based only</i>	B	Primary ICD-9 Diagnosis codes, only.	Used in federal research for inpatients only. No economic algorithm imbedded, so allows more research in costs to be customized to specific settings. Encounter-based.	260 mutually exclusive diagnosis categories. 231 Procedure categories. No costs built-in.
ACG V 4.0	Assessment Clinical Group	Johns Hopkins Mgt Center	Annual (rolling) 12 months all encounters trip highest level. 12 mo.- <i>Encounter-based and has relevance as capitation- based grouper.</i>	B	ICD-9 codes (all) (plus age, gender)	Has ICD-9 plus economic factors in algorithm. Attempts to place patient-cases in highest category, their diagnosis brought them to, in last 12 months. Has chronic disease burden embedded with acute activity.	Values for ACGs run from 100 to 5340 but are not continuous (so less than 1000 ACGs).

**New DSS FY99 Case-Mix Groupers (continued)**

<b>Grouper</b>	<b>Error Checking</b>	<b>Other Comments</b>	<b>Source for VHA DSS</b>	<b>Data Values available to DSS</b>	<b>Where posted on DSS</b>
APC	Rich routine of error checking for current CPT codes and CPT to ICD-9 relationship. No check on provider-type for E&M codes, which HCFA funds only for MDs.	Extensive Algorithm	3-M grouper in front of NPCD.	early FY99	All NPCD Med Record encounters (not on CLI or Util-Built).
HCUP-3	None	Is a simple collapse of 99,000 Principal Diagnosis code (VA inpt.) (or Primary ICD-9 code. VA outpt.) to 260 categories of HCUP-3.	Generated in monthly posting MRecs code for NPCD and PTF Recs only and Admission (ADM).	10/1/98	All CLI, ADM, PTF and NPCD encounter records (not on Util Built) as "HCUP". ADM gets "ADMIT HCUP"
ACG V 4.0	Not known.	Extensive Algorithm	Hopkins-contracted grouper in front of NPCD. Unclear if refreshed each encounter or monthly.	mid/late FY99	All NPCD outpatient and inpatient encounters. ? PTF encounters (not on CLI or Util Built but may be present or a recent other encounter. Fairly stable value per 2-3 months-12 months.)

## **Value of the new Case-Mix Groupers**

The value of the three new Case-Mix groupers planned for use in VHA are that each allows top management users to analyze groups of cases at the VAMC, VISN and Corporate levels in a variety of ways which may have relevance in resource use, cost and/or outcome predictions. Each of the three new groupers has a different conceptual goal and process. Thus, each may be valuable alone or in concert with current Case-Mix groupers and medical record codes such as DRGs, MDCs and/or select sets of ICD-9 diagnostic codes.

(1) **APCs – Ambulatory Procedure Classes** [3-M Company and HCFA-use in FY99; new variant for FY2000 APGs (Amb. Providers Grouper)] is a grouper for ***outpatient encounters only***. APCs are based on prioritizing and grouping CPT codes on each outpatient encounter. One encounter can have one or more APCs depending on the number and type of CPT codes on the encounter. APCs have a rich error-coding system to warn VAMCs if the CPTs listed are not in synchrony with the ICD-9 diagnostic codes, or the CPT codes are out-of-date. This protects the VAMC against Medicare rejections and fines. However, the algorithm to create APCs does not look at provider type to ensure that Evaluation and Management (E&M) CPT codes (and APCs) are provided only by MDs which Medicare requires. Thus when VA bills Medicare, if data isn't selected for only MD-providers before grouping by APC, the VAMC could send in a spurious bill for non-MD E&M and receive a fine from HCFA.

APCs are useful for subsetting sets of CPT coded outpatient encounters into 290 groups of Case-Mix based-outpatient encounter cost-charge sets. The 290 groups are in turn, condensed to 45 classes. These may have some value in the VA, to help analyze individual sets of outpatient encounters, for cost consistency or for anticipated resource utilization in chronic disease cases.

(2) **HCUPs V 3.0 – Healthcare Cost Utilization Groups** are basically a cross-reference table which collapses the ~ 99,000 ICD-9 diagnostic codes to 260 HCUP diagnostic categories and the ICD-9 procedure codes to 232 HCUP procedure categories.

HCUPs were developed by HHS and tested on inpatient cases only. The HCUP value is generated from the Primary ICD-9 code ("Principle Diagnosis" (ICD-9) code for VHA inpatients). The VA OP&Q plans to use HCUP values from the Primary Diagnosis value ("Primary ICD-9") of outpatient encounters to make some analyses about anticipated resource utilization. DSS is accommodating this OP&Q request by providing HCUPs to both In- and Out-patient encounters in FY99.

(3) **ACGs – "Assessment Capitation Groups"** is a grouper created by workers at John Hopkins. It is NOT an encounter-based grouper. Rather, it has an algorithm which considers the chronicity or recurrent nature of a disease/disorder as well as the severity of the current encounter. ACGs are based on the highest ACG value achieved by a patient in the last 12

months. It uses both inpatient and outpatient encounters to assess, screen and evaluate the highest value for the twelve month period, to report.

The ACG algorithm is purchased by the VA and is in Austin, to be run for each SSN prior to each new encounter entering NPCD. Thus every encounter will have an ACG value which represents the highest ACG for that patient for the 12 months preceding the date of the relevant encounter.

To date, ACG's used in the VHA have not provided a great deal of specificity. Mental Health has dealt with this by developing VHA Mental Health "ACGs" from DSS data (Dr. Jim Breckenridge, PhD, Palo Alto VAMC).

The Management Science Group (MSG) (Sophie Lo) at Bedford VAMC, is currently investigating a more useful classifying approach DXCGs. This new annual capitation case-mix classifier may be more valuable than ACGs for VHA.

Additionally, 3M Company, under HCFA contract is reviewing Dr. Norbert Goldfield's Capitation Risk Adjuster, as possibly the best of its kind.

The algorithm for ACGs includes some pre-decided economic implications, which some workers (including VA OP&Q) feel may complicate the results hence they are looking to the more "pure" HCUPs for other new case-mix work, in the short-term.

### **FY99 DSS VAMC Work re: Groupers**

The presence of the now FY99 HCUP-3 case-mix grouper causes no additional work or set-up for DSS users, but is available for encounter field searches.

## **B. FY99 New Health Status & Outcome Measures**

**Table 1 – Impact of FY99 New Outcome/Health Status Measures**

	<b>Outcome/Health Status Measure</b>	<b>Medical Encounter (# of fields)</b>
1	Global Assessment of Function (GAF) ( <i>FY99</i> )	Yes (1) (3 character)
2	Addiction Severity Index (ASI) ( <i>FY99</i> )	Yes (9) (1-4 Characters)
3	SF36/12/F/U ( <i>Not available yet</i> )	Yes (3-7 characters)
4	Customer Satisfaction ( <i>Not available yet</i> )	Yes (1) (3 characters)

### **Background**

The Undersecretary of the VA and the Office of Performance & Quality, for the future, want to focus on not only cases with cost data, and quality measures, but also want to have indexes to permit them to assess this information with more refined outcome measures and health status indicators.

The VHA Undersecretary is very supportive of the CARP (new accreditation body for Rehabilitation Service like JCAHO) and their use of the Functional Independence Measurement System (FIMS). Top leadership also supports extensive use of customer satisfaction surveys; SF36-V status measures; mental health outcome and status such as the Addiction Severity Index (ASI), the Global Assessment of Functioning (GAF) and other measures.

Therefore DSS in FY99 provided GAF and ASI measures. Later, as others become available, DSS will add these to the posting of cases.

### **NEW HEALTH STATUS & OUTCOME MEASURES: 10/1/97; AND, LATER**

10/1/98, the GAF (on Mental Health inpatients) and the ASI (mainly on inpatients with Substance Abuse) will be available for posting to FY99 DSS patient records.

Later, after FY2001, it is planned that all enrollees will have SF 36-V data (with telephonic SF12 follow-ups); FIMS (Rehab indexes). In FY2000 or FY2001 possibly, the administration of screening tests in all new primary care patients to rule out depression, may be reported on DSS.

## **TECHNICAL CHALLENGES**

This outcome and functional status descriptive data presents a technical challenge to DSS for posting. (1) Much of the data is not related to a physical encounter at the VAMC, i.e., is a mail-in survey or telephonic survey unassociated with a medical center encounter generated the data. This is true of the SF 36-V, SF12 and the customer satisfaction tests. (2) Alternatively, the ASI is an extensive in-house interview usually associated with a certain day within an inpatient stay and with significant provider time and with several sub scores. Despite several technical issues, DSS will be posting most of this data in FY99 in the Medical Encounter descriptive data. Utilization data will also be posted for those data using expensive resource and critical for clinical time studies such as ASI. GAF with its only one score per encounter, also a medical record-descriptive data, will be directly posted with the PTF M view in the medical record post.

### **1. GLOBAL ASSESSMENT OF FUNCTION (GAF) – Medical Encounter field only (See Table 1)**

The GAF is assessed by a trained mental health professional. It is recorded in the PTF record as part of the Axis V values. The score of a GAF is 1-100 with 100 being the most mentally healthy and 1 the least. A GAF score of zero, means the assessment was not done.

In FY99, (10/1/98), only inpatient GAF scores are sent to AAC. DSS, in FY99, pulls the GAF as a new Axis V data element from the PTF M extract.

During FY99, it is planned that GAF scores for outpatient will be sent to NPCD. More information will be available later on this new outpatient GAF possibility.

### **2. ADDICTION SEVERITY INDEX (ASI) – In FY99, a new DCM department PØA1/203ØA1 and new medical encounter fields (See Table 1-2)**

Several quality performance measures/guidelines require ASI tests on patients with an alcohol dependency diagnosis. There are four types of ASIs: Full; Lite; Follow-up and Incomplete. ASIs must be administered by a trained mental health professional and the results recorded in the VistA Mental Health package, tests module. There are seven sub scores: Medical/Employment/Alcohol/Drug/Legal/Family/Psychiatric.

DSS obtains these ASI-test dates and scores from an FTP transmission to AAC by the Mental Health ASI database in Pittsburgh, PA. In FY99, VAMCs are expected to have even more complete ASI testing of Substance Abuse patients. The dates of the ASI tests are important for quality indicators for the DSS Clinical Coordinators. These can be used using the *utilization level* on the clinical module and qualifications for one for the four ASI utilization products. The department on DSS will be Mental Health Status Testing (PØA1).

**Table 1. NEW FY99 ASI Encounter Fields**

<b>ASI Test date ASI Test score</b>	<b>Score = value of Med Enctr field</b>
ASI date	
ASI type	
ASI Medical	
ASI Employment	
ASI Alcohol	
ASI Drug	
ASI Legal	
ASI Family	
ASI Psychiatric	

**Table 2. FY99 ASI Utilization Products/Department**

<b>DSS ALBCC</b>	<b>DSS Dept. #</b>	<b>DSS IP #</b>	<b>DSS IP Description</b>	<b>FDR SYS</b>	<b>FDR LOC</b>	<b>FDR KEY</b>
2Ø3ØA1	PØA1 ( <i>ASI template dept.</i> )		Full ASI	ASI	ASI	ASIFUL
			Lite ASI	ASI	ASI	ASILIT
			Follow up ASI	ASI	ASI	ASIFUP
			Incomplete ASI	ASI	ASI	ASIINC

**Problem with Station Numbers on ASI Pittsburg Database**

In FY99, it was discovered that the Pittsburg ASI database, used old station numbers. The DSS-ASI extract converts these numbers to current ones via the attached Table. If your VAMC has any problems with receiving ASI data, please check this table and notify the DSS BTSO/Help Desk.

**DSS REQUIRED STATION NUMBER CHANGES  
FOR ASI DATABASE CROSS-REFERENCE**

<b>Station Number to be Converted</b>		<b>Station Number Converted to</b>	
359	Honolulu	459	Honolulu
363	Anchorage	463	Anchorage
423	Jackson, MS	586	VAMC Jackson, MS
455	San Juan, PR	672	VAMC San Juan
513	Batavia	528	Western NY HCS
522	Bonham	549	North Texas HCS
533	Castle Point	620	Hudson Valley HCS
535	Chicago (Lakeside)	537	Chicago HCS
566	Ft. Howard	512	Maryland HCS
569	Ft. Wayne	610	Northern Indiana HCS
574	Grand Isle, NE	597	Greater Nebraska HCS
579	Hot Springs	568	Black Hills HCS
590	American Lake	663	Puget Sound HCS
591	Kerrville, IA	671	South Texas Vet HCS
592	Knoxville, IA	555	Central Iowa HCS
594	Lake City	573	N. Flor/S.Georgia HCS
599	Livermore	640	VAMC Palo Alto
604	Lyons	561	New Jersey HCS
611	Marlin, TX	674	Central Texas HCS
617	Miles City	436	Montana HCS
627	Newington	689	Connecticut HCS
641	Perry Point	512	Maryland HCS
645	Pittsburgh (Highland Dr.)	646	Pittsburgh HCS
665	Sepulveda	691	Greater LA HCS
680	Tuskegee	619	Central Alabama HCS
685	Waco, TX	674	Central Texas HCS
686	Leavenworth	677	Eastern Kansas HCS
750	Boston OPC	523	VAMC Boston
752	Los Angeles OPC	691	Greater LA HCS
758	Las Vegas OPC	593	VAMC Las Vegas

## **PART III – CHAPTER ONE**

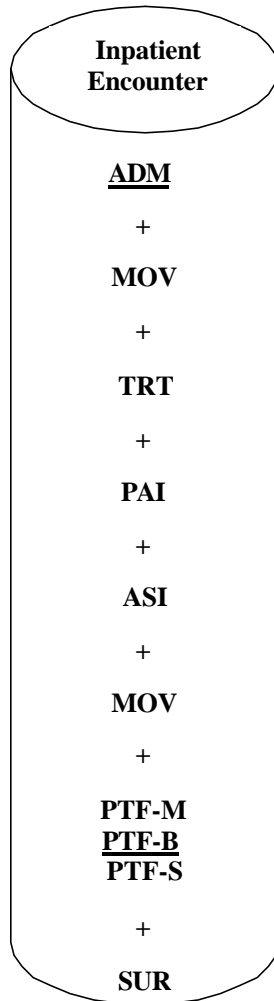
### **THE FY99 MEDICAL RECORD VIEWS AND SAS LOGIC**

Part III is the Major Documentation Section of the FY99 DSS Medical Records Book. In this chapter, the details of the Medical Record Views and SAS Logic, as well as original DSS VistA Medical Record Extracts are presented as sets per extract/view. First the Inpatient Record Documentation is presented. This is sequenced in the same way Inpatient DSS Medical Record Posting occurs.

Next the Outpatient Medical Record Documentation is presented. This is also sequenced in exactly the way Outpatient Medical Records are posted onto the DSS application.

A summary page of the sequence of posting appears at the beginning of each section.

**DIAGRAM OF THE SEQUENCE OF FY99 DSS INPATIENT MEDICAL  
RECORDS PROCESSING**



*last updated: 11/23/98*

Fieldname	starts	Len	Ocrs		Notes	change
<b><u>Feeder System: ADM9903</u></b>				ADM		
FEEDER SYSTEM ID	1	10	1	ADM	SAS WRITES "ADM9903"	8/18
RECTYPE	11	3	1	ADM	= "MR"	
ENCOUNTER NUMBER	14	20	1	ADM	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	ADM		
FISCAL YEAR	37	4	1	ADM		
FISCAL PERIOD	41	2	1	ADM		
DIVISION	43	1	1	ADM		
INTERNAL NUMBER	44	10	1	ADM	(DFN)	
SSN	54	9	1	ADM		
PSEUDO SSN IND	63	1	1	ADM	for Pseudo SSN Indicator	
NAME	64	4	1	ADM		
INOUT CODE	68	1	1	ADM	= "I" send records for INPATIENTS only	
ADMIT DATE	69	8	1	ADM		
SEX	77	1	1	ADM		
BIRTHDATE	78	8	1	ADM		
RELIGION	86	5	1	ADM		
EMPLOYMENT STATUS	91	1	1	ADM		
HEALTH INSURANCE IND	92	1	1	ADM		
STATE	93	2	1	ADM		
COUNTY	95	5	1	ADM	County is concatenation of 2 char. State & 3 char. County (FIPPS)	
ZIP CODE	100	5	1	ADM		
ELIGIBILITY CODE	105	3	1	ADM		11/23
VETERAN	108	1	1	ADM		
VIETNAM	109	1	1	ADM		
AGENT ORANGE	110	1	1	ADM	whether or not vet claims AO exposure, NOT Encounter AO	
RADIATION	111	1	1	ADM	field is "RADIATION" in DSS, is NOT Encounter Radiation Exp	
POW	112	1	1	ADM	whether or not vet is POW, NOT POW location	
PERIOD OF SERVICE	113	4	1	ADM		
MEANS TEST INDICATOR	117	1	1	ADM		
MARITAL STATUS	118	3	1	ADM		
ADMIT WARD	121	6	1	ADM		
TREATING SPCLTY	127	6	1	ADM		
Movement File Number	133	8	1		not read into DSS, kept in extract for site trouble-shooting	
ADMIT DRG	141	6	1	ADM		
ADMITTING DIAGNOSIS	147	7	1	ADM		
Admit Time	154	6	1		not read into DSS	
BILLING STATUS	160	1	1	ADM	= "N"	
TRANSFER FLAG	161	1	1	ADM	= "N"	
CCM CASE TYPE	162	8	1	ADM	= "DRG"+"-"+first 4 char of Admitting DRG	
PRIMARY CARE TEAM	170	4	1	ADM		

Fieldname	starts	Len	Ocrs		Notes	change
PRIMARY CARE PROVIDER	174	11	1	ADM		
RACE	185	1	1	ADM		
POW LOCATION	186	1	1	ADM	not available in FY 97, fill with POW code	
ADMITTING ATTENDING	187	11	1	ADM	labeled Attending Physician in extract	
WARD ATTENDING	198	11	1	ADM	labeled Attending Physician in extract	
ATTENDING MD	209	11	1	ADM	labeled Attending Physician in extract	
WARD PROVIDER	220	11	1	ADM		
WARD ATTENDING BEGIN DATE	231	8	1	ADM	SAS adds: Admit Date	
WARD PROVIDER BEGIN DATE	239	8	1	ADM	SAS adds: Admit Date	
<del>ALIAS</del>	247	<del>15</del>	<del>1</del>	<del>ADM</del>	field deleted in DSS, not read into DSS	6/22
SHAR AGREE INSURCO	262	30	1	ADM	New in FY 99 1 insur co = 30 char; 2 insur co = 14 char+", "+14 char; 3 insur co = 9 char+", "+9 char+", "+9char; 4 or more insur = same as 3 + "M" SAS: see note in CLI	10/23
<del>PRIMARY ELIG CODE</del>	292	<del>3</del>	<del>1</del>	<del>ADM</del>	field deleted in DSS, not read into DSS	6/22
<del>VERIFICATION METHOD</del>	295	<del>3</del>	<del>1</del>	<del>ADM</del>	field deleted in DSS, not read into DSS	6/22
SHAR PATIENT FLAG	298	1	1	ADM	SAS adds = "Y" if : SHARING AGREEMENT PAYOR is positive (field for V19 TRICARE pilot)	6/22
OBS FLAG	299	1	1	ADM	SAS adds: = "Y" based on Treating Specialty, if Tx Spclty = 24, 18, 41, 65, 36, 94, or 23 - new for FY 98	
ADMIT TREATING SPCLTY	300	6	1	ADM		
MPI	306	10	1	ADM	Null until VistA fills extract with a value - New in FY 99	10/23
DSS DEPT	316	10	1	ADM	New in FY 99, source: DSS Ward File	6/22
ADMIT ATTEND NPI	326	8	1	ADM	Null until VistA fills extract with a value - New in FY 99 extract fld 37	10/23
ATTEND NPI	334	8	1	ADM	Null until VistA fills extract with a value - New in FY 99 extract fld 37	10/23
WARD ATTEND NPI	342	8	1	ADM	Null until VistA fills extract with a value - New in FY 99 extract fld 37	10/23
PRIM CARE PROVID NPI	350	8	1	ADM	Null until VistA fills extract with a value - New in FY 99 extract fld 38	10/23
WARD PROVID NPI	358	8	1	ADM	Null until VistA fills extract with a value - New in FY 99 extract fld 39	10/23
ENCOUNTER ELIGIBILITY	366	3	1	ADM	SAS uses Eligibility Code: New in FY 99	11/23
MST STATUS	369	1	1	ADM	New in FY 99	6/22
ENCOUNTER MST	370	1	1	ADM	New in FY 99	6/22
SHAR AGREE PAYOR	371	15	1	ADM	New in FY 99 - only 6 possible values: CHAMPVA, CHAMPUS, TRICARE, SHARING AGREEMENT, CATEGORY C, CAT C	10/23
ENROLL LOC	386	5	1	ADM	New in FY 99, station where patient is enrolled	11/23
ADMIT HCUP	391	3	1	ADM	New in FY 99, HCUP value derived from ADMIT DIAGNOSIS. SAS fills from HCUP table, see HCUP Specifications	6/22
PCP PROVID TYPE	394	7	1	ADM	Null until Patch 1	10/23
		400		ADM		

INSURANCE CODE - SAS, Please treat as a multiply occurring field.

## ADM Admission Extract format

All admissions for the selected admission date range are extracted.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred	8
7	Primary Care Team	TEAM file (#404.51)	4
8	Sex	M for Male; F for Female	1
9	Date of Birth	Patient's date of birth	8
10	Religion	RELIGION file (#13)	5
11	Employment Status	Patient's current employment status	1
12	Health Insurance	Patient covered by health insurance? (Y/N/U)	1
13	State	VA State Code	2
14	County	VA County Code	3
15	Zip Code	Patient's 5-digit zip code	5
16	Eligibility	Derived from pointer to File #8.1; 1→A, 2→B, etc.	3
17	Veteran	Veteran? (Y/N)	1
18	Vietnam	Vietnam veteran? (Y/N/U)	1
19	Agent Orange	Agent Orange exposure? (Y/N/U)	1
20	Radiation	Ionizing radiation exposure? (Y/N/U)	1
21	POW	Prisoner of war? (Y/N/U)	1
22	Period of Service	PERIOD OF SERVICE file (#21)	4
23	Means Test	MEANS TEST STATUS file (#408.32)	1
24	Marital Status	MARITAL STATUS file (#11)	3
25	Ward	HOSPITAL LOCATION file (#44)	6
26	Treating Specialty	SPECIALTY file (#42.4)	6
27	Attending Physician	NEW PERSON file (#200) (Preceded by 2)	11
28	Episode Number	PATIENT MOVEMENT file (#405)	8
29	DRG	DRG file (#80.2)	6
30	Diagnosis	ICD DIAGNOSIS file (#80)	7
31	Time	Time when this admission occurred (6-digit military time)	6
32	Primary Care Provider	NEW PERSON file (#200) (Preceded by 2)	11
33	Race	RACE file (#10)	1
34	Primary Ward Provider	NEW PERSON file (#200) (preceded by 2)	11
35	Master Patient Index	Null	10
36	DSS Dept.	DSS Dept for the patient's ward	10
37	Attending Physician NPI	Null	8
38	Primary Care Provider NPI	Null	8
39	Primary Ward Provider NPI	Null	8
40	Admission Eligibility	Derived from pointer to File #8.1; 1→A, 2→B, etc.	3
41	MST Status	Codes Y/N/U/D	1
42	MST Encounter Indicator	Codes Y/N	1
43	Sharing Agreement Payor		15
44	Sharing Agreement Insurance Co.	File #36	15
45	Enrollment Location	Station number from File #4.	5

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: ADM9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	1	C	1		L	
INTERNAL NUMBER	44	10	C	1		L	
SSN	54	9	C	1		L	
PSEUDO SSN IND	63	1	C	1		L	
NAME	64	4	C	1		L	
INOUT CODE	68	1	C	1		L	
ADMIT DATE	69	8	C	1		L	
SEX	77	1	C	1		L	
BIRTHDATE	78	8	C	1		L	
RELIGION	86	5	C	1		L	
EMPLOYMENT STATUS	91	1	C	1		L	
HEALTH INSURANCE IND	92	1	C	1		L	
STATE	93	2	C	1		L	
COUNTY	95	5	C	1		L	
ZIP CODE	100	5	C	1		L	
ELIGIBILITY CODE	105	3	C	1		L	
VETERAN	108	1	C	1		L	
VIETNAM	109	1	C	1		L	
AGENT ORANGE	110	1	C	1		L	
RADIATION	111	1	C	1		L	
POW	112	1	C	1		L	
PERIOD OF SERVICE	113	4	C	1		L	
MEANS TEST INDICATOR	117	1	C	1		L	
MARITAL STATUS	118	3	C	1		L	
ADMIT WARD	121	6	C	1		L	
TREATING SPCLTY	127	6	C	1		L	
ADMIT DRG	141	6	C	1		L	
ADMITTING DIAGNOSIS	147	7	C	1		L	
BILLING STATUS	160	1	C	1		L	
TRANSFER FLAG	161	1	C	1		L	
CCM CASE TYPE	162	8	C	1		L	
PRIMARY CARE TEAM	170	4	C	1		L	
PRIMARY CARE PROVIDER	174	11	C	1		L	
RACE	185	1	C	1		L	
POW LOCATION	186	1	C	1		L	
ADMITTING ATTENDING	187	11	C	1		L	
WARD ATTENDING	198	11	C	1		L	
ATTENDING MD	209	11	C	1		L	
WARD PROVIDER	220	11	C	1		L	
WARD ATTENDING BEGIN DATE	231	8	C	1		L	
WARD PROVIDER BEGIN DATE	239	8	C	1		L	
SHAR AGREE INSURCO	262	30	C	1		L	
SHAR PATIENT FLAG	298	1	C	1		L	
OBS FLAG	299	1	C	1		LUTL	
PRT.MRPOST							
	TEMPLATE DESIGN SYSTEM					PAGE	34

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: ADM9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
ADMIT TREATING SPCLTY	300	6	C	1		L	
MPI	306	10	C	1		L	
DSS DEPT	316	10	C	1		L	
ADMIT ATTEND NPI	326	8	C	1		L	
ATTEND NPI	334	8	C	1		L	
WARD ATTEND NPI	342	8	C	1		L	
PRIM CARE PROVID NPI	350	8	C	1		L	
WARD PROVID NPI	358	8	C	1		L	
ENCOUNTER ELIGIBILITY	366	3	C	1		L	
MST STATUS	369	1	C	1		L	
ENCOUNTER MST	370	1	C	1		L	
SHAR AGREE PAYOR	371	15	C	1		L	
ENROLL LOC	386	5	C	1		L	
ADMIT HCUP	391	3	C	1		L	
PCP PROVID TYPE	394	7	C	1		L	

Feeder System: ADM9903  
MRPOST

Fields Defined ..... 63UTL PRT.  
TEMPLATE DESIGN SYSTEM

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<b><u>Feeder System: TRT9903</u></b>				TRT		
FEEDER SYSTEM ID	1	10	1	TRT	SAS WRITES "TRT9903"	8/18
RECTYPE	11	3	1	TRT	= "NON"	
ENCOUNTER NUMBER	14	20	1	TRT	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	TRT		
FISCAL YEAR	37	4	1	TRT		
FISCAL PERIOD	41	2	1	TRT		
DIVISION	43	7	1	TRT	DSS READS ONLY LAST 2 IN DIVISION	
INTERNAL NUMBER	50	10	1	TRT		
SSN	60	9	1	TRT		
PSEUDO SSN IND	69	1	1	TRT		
NAME	70	4	1	TRT		
INOUT CODE	74	1	1	TRT	= "I" send records for INPATIENTS only	
TREATING SPCLTY TRANS DATE	75	8	1	TRT	extract fld 6 (Day)	
ADMIT DATE	83	8	1	TRT	extract fld 8 (Admission Date)	
Discharge Date	91	8	1		not read into DSS	
TREATING SPCLTY	99	6	1	TRT	SAS fills with extract fld 12 (New Treating Specialty)	8/17
TREATING SPECIALTY LOS	105	4	1	TRT	extract fld 14	
WARD ATTENDING	109	11	1	TRT	filled with extract field # 20	
MOVEMENT TYPE	120	3	1	TRT	extract fld 16	
TRT time	123	6	1		not read into DSS	
Admit Time	129	6	1		not read into DSS	
WARD PROVIDER	135	11	1	TRT	extract fld 19	
WARD PROVIDER BEGIN DATE	146	8	1	TRT	extract fld 6 (Day)	
WARD ATTENDING BEGIN DATE	154	8	1	TRT	extract fld 6 (Day)	
DISCHARGE MD	162	11	1	TRT	if DISCHARGE DATE > 0, fill with LOSING WARD ATTENDING (extract fld 15)	
DISCHARGE TREATING SPECIALTY	173	6	1	TRT	if DISCHARGE DATE > 0, fill with LOSING TREATING SPCLTY (extract fld #13)	8/12
DISCHARGE WARD ATTENDING	179	11	1	TRT	if DISCHARGE DATE > 0, fill with LOSING WARD ATTENDING (extract fld 15)	
DISCHARGE WARD PROVIDER	190	11	1	TRT	if DISCHARGE DATE > 0, fill with LOSING WARD PROVIDER (extract fld 21)	
MPI	201	10	1	TRT	Null until VistA fills - New in FY 99 extract fld 22	10/23
WARD ATTEND NPI	211	8	1	TRT	Null until VistA fills - New in FY 99 extract fld 26	10/23
WARD PROVID NPI	219	8	1	TRT	Null until VistA fills - New in FY 99 extract fld 25	10/23
DISCH MD NPI	227	8	1	TRT	Null until VistA fills - New in FY 99 extract fld 24	10/23
DISCH WARD ATTEND NPI	235	8	1	TRT	Null until VistA fills - New in FY 99 extract fld 24	10/23
DISCH WARD PROVID NPI	243	8	1	TRT	Null until VistA fills - New in FY 99 extract fld 27	10/23
WARD ATTEND LOS	251	4	1	TRT	New in FY 99 extract fld 28	10/23
WARD PROVID LOS	255	4	1	TRT	New in FY 99 extract fld 29	10/23
		258		TRT		

## TRT Treating Specialty Change Extract format

All treating specialty changes for the selected transfer date range are selected.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred	8
7	Product	Product or feeder key for this extract (always null)	1
8	Admission Date	Date and time for this patient movement	8
9	Discharge Date	Patient's discharge date	8
10	Movement File #	PATIENT MOVEMENT file (#405)	8
11	Type	Type of movement for the patient	1
12	New Treating Specialty	SPECIALTY FILE (#42.4)	6
13	Losing Treating Specialty	SPECIALTY file (#42.4)	6
14	Losing Treating Specialty LOS	The length of stay on the losing treating specialty. (a number between 0 and 5000; 0 decimal digits)	4
15	Losing Attending Physician	The Attending Physician associated with the previous treating specialty change record in File #405.	11
16	Movement Type	MAS MOVEMENT TYPE file (#405.2)	3
17	TRT Time	Time when this change in treating specialty occurred (6-digit military time)	6
18	Admission Time	Time of this patient admission (6-digit military time)	6
19	New Primary Ward Provider	The new Primary Provider associated with the current patient movement record in file #405	11
20	New Attending Physician	The new Attending Physician associated with the current patient movement record in file #405	11
21	Losing Primary Ward Provider	The losing Primary Provider for the patient movement; i.e., the Primary Provider of the previous treating specialty change record.	11
22	Master Patient Index	Null	10
23	DSS Dept.	Null	10
24	Losing Attending Physician NPI	Null	8
25	New Primary Ward Provider NPI	Null	8
26	New Attending Physician NPI	Null	8
27	Losing Primary Ward Provider NPI	Null	8
28	Ward Attending LOS	Max. value = 9999	4
29	Ward Provider LOS	Max. value = 9999	4

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: TRT9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
TREATING SPCLTY TRANS DATE	75	8	C	1		L	
ADMIT DATE	83	8	C	1		L	
TREATING SPCLTY	99	6	C	1		L	
TREATING SPECIALTY LOS	105	4	C	1		L	
WARD ATTENDING	109	11	C	1		L	
MOVEMENT TYPE	120	3	C	1		L	
WARD PROVIDER	135	11	C	1		L	
WARD PROVIDER BEGIN DATE	146	8	C	1		L	
WARD ATTENDING BEGIN DATE	154	8	C	1		L	
DISCHARGE MD	162	11	C	1		L	
DISCHARGE TREATING SPECIALTY	173	6	C	1		L	
DISCHARGE WARD ATTENDING	179	11	C	1		L	
DISCHARGE WARD PROVIDER	190	11	C	1		L	
MPI	201	10	C	1		L	
WARD ATTEND NPI	211	8	C	1		L	
WARD PROVID NPI	219	8	C	1		L	
DISCH MD NPI	227	8	C	1		L	
DISCH WARD ATTEND NPI	235	8	C	1		L	
DISCH WARD PROVID NPI	243	8	C	1		L	
WARD ATTEND LOS	251	4	C	1		L	
WARD PROVID LOS	255	4	C	1		L	

Feeder System: TRT9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 31UTL PRT.MRPOST  
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***last updated: 10/23/98***

<b><u>Feeder System: MOV9903</u></b>				MOV		
FEEDER SYSTEM ID	1	10	1	MOV	SAS WRITES "MOV9903"	8/18
RECTYPE	11	3	1	MOV	= "NON"	
ENCOUNTER NUMBER	14	20	1	MOV	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	MOV		
FISCAL YEAR	37	4	1	MOV		
FISCAL PERIOD	41	2	1	MOV		
DIVISION	43	7	1	MOV		
INTERNAL NUMBER	50	10	1	MOV		
SSN	60	9	1	MOV		
PSEUDO SSN IND	69	1	1	MOV		
NAME	70	4	1	MOV	First 4 of Patient's Last Name	
INOUT CODE	74	1	1	MOV	= "I" send records for INPATIENTS only	
WARD DATE	75	8	1	MOV		
ADMIT DATE	83	8	1	MOV		
DISCHARGE DATE	91	8	1	MOV		
WARD (Losing)	99	6	1	MOV		
Treating Specialty	105	6	1		not read into DSS, always null in extract	
WARD LOS	111	4	1	MOV		
MOVEMENT TYPE	115	3	1	MOV		
Movement Time	118	6	1		not read into DSS	
GAINING WARD	124	6	1	MOV		
BILLING STATUS	130	1	1	MOV	= "N"	
Admit Time	131	6	1		not read into DSS	8/17
MPI	137	10	1	MOV	Null until VistA fills extract with a value - New in FY 99	10/23
DSS DEPT	147	10	1	MOV	New in FY 99, source: DSS Ward File	8/17
		130		MOV		

## MOV Physical Movement (Transfer and Discharge) Extract format

All transfers and discharges for the selected movement date range are extracted.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred	8
7	Product	Feeder key for this extract defined by the DSS Program Office (null)	1
8	Admission Date	Date of this patient movement	8
9	Discharge Date	Discharge date for this patient	8
10	Movement File #	PATIENT MOVEMENT file (#405)	8
11	Type	Type of movement for this patient	1
12	Losing Ward	HOSPITAL LOCATION file (#44)	6
13	Treating Specialty	SPECIALTY file (#42.4)	6
14	Losing Ward Los	Length of stay on losing ward	4
15	Placeholder1	Placeholder for future development; always set to null.	11
16	Movement Type	MAS MOVEMENT TYPE file (#405.2)	3
17	MOV Time	Time when this movement occurred (6-digit military time)	6
18	Gaining Ward	HOSPITAL LOCATION file (#44)	6
19	Admission Time	Time of this patient movement	6
20	Placeholder2	For future development; always set to null.	11
21	Placeholder3	For future development; always set to null.	11
22	Master Patient Index	Null	10
23	DSS Dept.	DSS Dept. for the patient's gaining ward	10

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: MOV9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
WARD DATE	75	8	C	1		L	
ADMIT DATE	83	8	C	1		L	
DISCHARGE DATE	91	8	C	1		L	
WARD	99	6	C	1		L	
WARD LOS	111	4	C	1		L	
MOVEMENT TYPE	115	3	C	1		L	
GAINING WARD	124	6	C	1		L	
BILLING STATUS	130	1	C	1		L	
MPI	137	10	C	1		L	
DSS DEPT	147	10	C	1		L	

Feeder System: MOV9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 20UTL PRT.MRPOST  
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*last updated: 12/7/98*

<b><u>Feeder System: PAI9903</u></b>				PAI		
FEEDER SYSTEM ID	1	10	1	PAI	SAS WRITES "PAI9903"	8/18
RECTYPE	11	3	1	PAI	= "NON"	
ENCOUNTER NUMBER	14	20	1	PAI	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	PAI	derived from Facility extract field	
FISCAL YEAR	37	4	1	PAI		
FISCAL PERIOD	41	2	1	PAI		
Facility	43	3	1		not read into DSS, used in Company Code	
DIVISION	46	3	1	PAI		
INTERNAL NUMBER	49	10	1	PAI		
SSN	59	9	1	PAI		
PSEUDO SSN IND	68	1	1	PAI		
NAME	69	4	1	PAI		
INOUT CODE	73	1	1	PAI	= "I"	
ADMIT DATE (Orig Actual Admit Date)	74	8	1	PAI	skip 6: Admit Time	
Admit Time (Orig Actual Admit Time)	82	6	1			
ASSESS DATE	88	8	1	PAI		
ASSESS PURPOSE	96	1	1	PAI		
RUG (RUG Group)	97	2	1	PAI	skip 16: 1st PAI Date, Xfer Date & Time	
Austin First PAI Date	99	8	1		not read into DSS	
VistA PAI Admit/Xfer Date	107	8	1		not read into DSS	
VistA PAI Admit/Xfer Time	115	6	1		not read into DSS	
RACE	121	1	1	PAI		
Billing Status	122	1	1	PAI	not read into DSS	12/7
Transfer Flag	123	1	1	PAI	not read into DSS	12/7
CCM Case Type	124	8	1	PAI	not read into DSS	12/7
NHCU FLAG	132	1	1	PAI	= "Y" if from NHCU	
PAI BEDSECTION	133	1	1	PAI	= "I" Intermediate, "N" NHCU, "C" if CNH	
MPI	134	10	1	PAI	Null until VistA fills extract with a value - New in FY 99	10/23
		143		PAI		

## PAS PAI File Extract format

All patient assessments for the selected assessment date range are extracted.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of the patient's last name.	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred (between 1 and 31; 0 decimal digits)	8
7	Admission Date	Date when patient was admitted to the facility	8
8	Admission Time	Time of admission (6-digit military time)	6
9	Transfer/Admission Date	Date when the patient was admitted or transferred to this long term care ward	8
10	Transfer/Admission Time	Time when the patient was admitted or transferred to this long term care ward (6-digit military time)	6
11	Race	RACE file (#10)	1
12	Master Patient Index	Null	10
13	DSS Dept.	Null	10

RUN DATE 1999-10-05

UTILITIES

Medical Records Posting Layout

Feeder System: PAI9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	46	3	C	1		L	
INTERNAL NUMBER	49	10	C	1		L	
SSN	59	9	C	1		L	
PSEUDO SSN IND	68	1	C	1		L	
NAME	69	4	C	1		L	
INOUT CODE	73	1	C	1		L	
ADMIT DATE	74	8	C	1		L	
ASSESS DATE	88	8	C	1		L	
ASSESS PURPOSE	96	1	C	1		L	
RUG	97	2	C	1		L	
RACE	121	1	C	1		L	
NHCU FLAG	132	1	C	1		L	
PAI BEDSECTION	133	1	C	1		L	
MPI	134	10	C	1		L	

Feeder System: PAI9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 18UTL PRT.MRPOST  
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<b><u>Feeder System: PTFM9903</u></b>				PTFM		
FEEDER SYSTEM ID	1	10	1	PTFM	SAS WRITES "PTFM9903"	8/18
RECTYPE	11	3	1	PTFM	= "NON"	
ENCOUNTER NUMBER	14	20	1	PTFM	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	PTFM	3 char station code from Facility extract field	
INOUT CODE	37	1	1	PTFM	= "I"	
FISCAL YEAR	38	4	1	PTFM	= FY based on Discharge Date (do NOT use FY from PTF extract)	6/23
FISCAL PERIOD	42	2	1	PTFM	= Fiscal Period based on Discharge Date (do NOT use FY from PTF extract)	6/23
DIVISION (Station - Fac/Div)	44	6	1	PTFM	DSS reads last 3 characters	
SSN	50	9	1	PTFM	Pseudo SSN Indicator is below	
NAME	59	4	1	PTFM		
ADMIT DATE	63	8	1	PTFM	skipping Time	
Admit Time	71	6	1		not read into DSS	
ADMIT SOURCE	77	2	1	PTFM	NEW FOR FY 99 (Extract and SAS have provided all along)	6/23
DISCHARGE DRG	79	3	1	PTFM		
PRINCIPAL DIAGNOSIS	82	6	1	PTFM	SAS adds "." to ICD-9 Codes, such as "410.11". Source: PTF "PRIMDX" field	6/23
SECONDARY DIAGNOSIS	88	6	9	PTFM	has 6 char. 54 total, up to 9 occurrences, fill unused occurrences with "*" SAS adds "." to ICD-9 Codes, such as "410.11".	
PTF DISCH TRTNG SPCLTY	142	2	1	PTFM		
DISCHARGE DISPOSITION	144	2	1	PTFM	skipping 1: discharged to OP Care; Source of Admission used below	
Discharged to OP Care	146	1	1		not read into DSS	
DISPOSITION PLACE	147	2	1	PTFM		
DISCHARGE DATE	149	8	1	PTFM		
PSEUDO SSN IND	157	1	1	PTFM		
MDC (Major Diagnostic Category)	158	2	1	PTFM		
DISCHARGE SERVICE	160	2	1	PTFM	skipping 4: Discharge Time	
Discharge Time	162	4	1		not read into DSS	
BILLING STATUS	166	1	1	PTFM	= "F"	
TRANSFER FLAG	167	1	1	PTFM	= "N"	
CCM CASE TYPE	168	8	1	PTFM	= "DRG" + "-" + first 4 char of DRG	
DRG	176	3	1	PTFM	fill with DISCHARGE DRG value	
CALC RPM	179	1	1	PTFM	= "Y"	
POW LOCATION	180	2	1	PTFM		
AGENT ORANGE	182	1	1	PTFM		
RADIATION	183	1	1	PTFM		
OBS FLAG	184	1	1	PTFM		
ENCOUNTER AGENT ORANGE	185	1	1	PTFM	NEW FOR FY 99	6/22
AXIS 4B	186	3	1	PTFM	NEW FOR FY 99	10/23
AXIS 51B	189	3	1	PTFM	NEW FOR FY 99	8/21
AXIS 52B	192	3	1	PTFM	NEW FOR FY 99	10/23
DXLS	186	6	1	PTFM	NEW FOR FY 99	10/23
HOME VISN	192	2	1	PTFM	NEW FOR FY 99	10/23
HOME VAMC	194	3	1	PTFM	NEW FOR FY 99	10/23
HCUP	197	3	1	PTFM	NEW FOR FY 99, derived from PRINCIPAL DIAGNOSIS SAS derives from HCUP SAS Specification	10/23
		160		PTFM		

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: PTFM9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
-----	-----	-----	-----	-----	-----	-----	-----
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
FISCAL YEAR	38	4	C	1		L	
FISCAL PERIOD	42	2	C	1		L	
DIVISION	44	6	C	1		L	
SSN	50	9	C	1		L	
NAME	59	4	C	1		L	
ADMIT DATE	63	8	C	1		L	
ADMIT SOURCE	77	2	C	1		L	
DISCHARGE DRG	79	3	C	1		L	
PRINCIPAL DIAGNOSIS	82	6	C	1		L	
SECONDARY DIAGNOSIS	88	6	C	9		L	****
PTF DISCH TRTNG SPCLTY	142	2	C	1		L	
DISCHARGE DISPOSITION	144	2	C	1		L	
DISPOSITION PLACE	147	2	C	1		L	
DISCHARGE DATE	149	8	C	1		L	
PSEUDO SSN IND	157	1	C	1		L	
MDC	158	2	C	1		L	
DISCHARGE SERVICE	160	2	C	1		L	
BILLING STATUS	166	1	C	1		L	
TRANSFER FLAG	167	1	C	1		L	
CCM CASE TYPE	168	8	C	1		L	
DRG	176	3	C	1		L	
CALC RPM	179	1	C	1		L	
POW LOCATION	180	2	C	1		L	
AGENT ORANGE	182	1	C	1		L	
RADIATION	183	1	C	1		L	
OBS FLAG	184	1	C	1		L	
ENCOUNTER AGENT ORANGE	185	1	C	1		L	
DXLS	186	6	C	1		L	
HOME VISN	192	2	C	1		L	
HOME VAMC	194	3	C	1		L	
HCUP	197	3	C	1		L	

Feeder System: PTFM9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 34UTL PRT.MRPOST  
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<b><u>Feeder System: PTFB9903</u></b>				PTFB		
FEEDER SYSTEM ID	1	10	1	PTFB	SAS WRITES "9903"	8/18
RECTYPE	11	3	1	PTFB	= "NON"	
ENCOUNTER NUMBER	14	20	1	PTFB	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	PTFB		
INOUT CODE	37	1	1	PTFB	= "I"	
FISCAL YEAR	38	4	1	PTFB	= FY based on Discharge Date (do NOT use FY from PTF extract)	6/23
FISCAL PERIOD	42	2	1	PTFB	= Fiscal Period based on Discharge Date (do NOT use FY from PTF extract)	6/23
DIVISION (Station - Full (Fac/Div)	44	6	1	PTFB	DSS reads only first 3 char	
SSN	50	9	1	PTFB		
PSEUDO SSN IND	59	1	1	PTFB		
NAME	60	4	1	PTFB		
ADMIT DATE	64	8	1	PTFB	skip 56: Admit Time, Bedsection Sequence Number	
Admit Time	72	6	1		not read into DSS	
Bed Section Sequence No.	78	2	25		not read into DSS, up to 25 occurrences of 2 char ea	
TREATING SPECIALTY ICD	128	6	125	PTFB	6 char. Each, groups of 5, up to 25 occurrences of groups of 5, 750 total. Fill each unused value within a given group of 5 with "*". This is necessary to group diagnoses (and other fields within the extract) in the relational database for reports to be written later. "*" is to be used only to complete groups of 5, do not fill all remaining unused fields with "*". SAS adds "." to ICD-9 Codes, such as "410.11".	
PTF TRTNG SPCLTY (Bed Sect. ICD-9)	878	2	25	PTFB	up to 25 occurrences of 2 char each	
TREATING SPCLTY DRG (Bed Sect. DRG)	928	3	25	PTFB	skip 150: Bed Sect. Leave Days & Pass Days	
Bed Section Leave Days	1003	3	25		not read into DSS, up to 25 occurrences of 3 char ea	
Bed Section Pass Days	1078	3	25		not read into DSS, up to 25 occurrences of 3 char ea	
PTF TRTNG SPCLTY LOS	1153	5	25	PTFB	up to 25 occurrences of 5 char each	
TRTNG SPCLTY LOSE DATE	1278	8	25	PTFB	skip Bed Sect. Out Time	
Bed Section Out Time	1478	4	25		not read into DSS, up to 25 occurrences of 4 char ea	
AXIS4B	1578	3	25	PTFB	New in FY 99	8/21
GAF SCORE	1653	3	25	PTFB	New in FY 99 SAS: Use AXIS51B from PTF	8/21
AXIS52B	1728	3	25	PTFB	New in FY 99	8/21
GAF DATE	1803	3	25	PTFB	New in FY 99 SAS: Use TREATING SPCLTY LOSE DATE	8/21
		125		PTFB		

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: PTFB9903

Fieldname	Start pos	Len	Char/ Zoned	Decimal Occurs	Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
FISCAL YEAR	38	4	C	1		L	
FISCAL PERIOD	42	2	C	1		L	
DIVISION	44	6	C	1		L	
SSN	50	9	C	1		L	
PSEUDO SSN IND	59	1	C	1		L	
NAME	60	4	C	1		L	
ADMIT DATE	64	8	C	1		L	
TREATING SPECIALTY ICD	128	6	C	125		L	****
PTF TRTNG SPCLTY	878	2	C	25		L	****
TREATING SPCLTY DRG	928	3	C	25		L	****
PTF TRTNG SPCLTY LOS	1153	5	C	25		L	****
TRTNG SPCLTY LOSE DATE	1278	8	C	25		L	****
AXIS4B	1578	3	C	25		L	****
GAF SCORE	1653	3	C	25		L	****
AXIS52B	1728	3	C	25		L	****
GAF DATE	1803	3	C	25		L	****

Feeder System: PTFB9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 19UTL PRT.MRPOST  
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*last updated: 8/18/98*

<b><u>Feeder System: PTFS9903</u></b>						
FEEDER SYSTEM ID	1	10	1	PTFS	SAS WRITES "PTFS9903"	8/18
RECTYPE	11	3	1	PTFS	= "NON"	
ENCOUNTER NUMBER	14	20	1	PTFS	=SSN+YYMMDD+"I" (SSN + Julian Admit Date + "I")	
COMPANY CODE	34	3	1	PTFS		
INOUT CODE	37	1	1	PTFS	= "I"	
FISCAL YEAR	38	4	1	PTFS	= FY based on Discharge Date (do NOT use FY from PTF extract)	6/23
FISCAL PERIOD	42	2	1	PTFS	= Fiscal Period based on Discharge Date (do NOT use FY from PTF extract)	6/23
DIVISION (Station-Full (Fac/Div))	44	6	1	PTFS	only last 3 read into DSS	
SSN	50	9	1	PTFS		
PSEUDO SSN IND	59	1	1	PTFS		
NAME	60	4	1	PTFS		
ADMIT DATE	64	8	1	PTFS	skip 14: Admit Time & Record Type	
Admit Time	72	6	1		not read into DSS, 1 occurrence, 6 char	
Record Type	78	1	8		not read into DSS	
SURGERY DATE	86	8	8	PTFS	see note in OP CODE	
OP CODE (ICD-9 Code or Proc Code)	150	5	40	PTFS	5 characters each, 8 occurrences of 5 codes for each Surg Date. Fill unused occurrences with "*" within each group of 5. This is necessary to group OP Codes in relational database with each Surgery Date in repots to be written later. SAS adds "." to all ICD-9 Op Codes, such as "91.18"	
		91		PTFS		

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: PTFS9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
FISCAL YEAR	38	4	C	1		L	
FISCAL PERIOD	42	2	C	1		L	
DIVISION	44	6	C	1		L	
SSN	50	9	C	1		L	
PSEUDO SSN IND	59	1	C	1		L	
NAME	60	4	C	1		L	
ADMIT DATE	64	8	C	1		L	
SURGERY DATE	86	8	C	8		L	****
OP CODE	150	5	C	40		L	****

Feeder System: PTFS9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 12UTL PRT.MRPOST  
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UTILITIES  
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Feeder System: ASI9903

Fieldname	Start pos	Len	Char/ Zoned	Decimal Occurs	Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
SSN	43	9	C	1		L	
PSEUDO SSN IND	52	1	C	1		L	
NAME	53	4	C	1		L	
SEX	57	1	C	1		L	
BIRTHDATE	58	8	C	1		L	
DATE OF VISIT	66	8	C	1		L	
ADMIT DATE	74	8	C	1		L	
DISCHARGE DATE	82	8	C	1		L	
*ASI DATE	90	8	C	1		L	
*ASI TYPE	98	1	C	1		L	
*ASI PROVIDER	99	11	C	1		L	
*ASI EDUYEAR	110	2	C	1		L	
*ASI EDMONTH	112	2	C	1		L	
*ASI OCCUP	114	1	C	1		L	
*ASI SAL	115	1	C	1		L	
*ASI DPL	116	1	C	1		L	
*ASI CSMED	117	4	C	1		L	
*ASI CSEMP	121	4	C	1		L	
*ASI CSALC	125	4	C	1		L	
*ASI CSDRU	129	4	C	1		L	
*ASI CSLEG	133	4	C	1		L	
*ASI CSFAM	137	4	C	1		L	
*ASI CSPSY	141	4	C	1		L	
BILLING STATUS	145	1	C	1		L	
CALC RPM	146	1	C	1		L	
CCM CASE TYPE	147	8	C	1		L	
CLINIC VISITS	155	1	C	1		L	
STOP CODE	156	3	C	1		L	
DSS IDENTIFIER	159	9	C	1		L	
INOUT CODE	168	1	C	1		L	

Feeder System: ASI9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 34UTL PRT.MRPOST  
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\* This ASI data is actually posted to Inpatient and Outpatient at the end of the Outpatient posting. Please see Outpatient ASI for further details.

The starred '\*' fields are the only fields that are posted to Inpatient.

*last updated: 10/23/98*

<b><u>Feeder System: SUR9903</u></b>				SUR		
FEEDER SYSTEM ID	1	10	1	SUR	SAS WRITES "SUR9903"	8/18
RECTYPE	11	3	1	SUR	= "NON"	
ENCOUNTER NUMBER	14	20	1	SUR	=SSN+YYMMDD+"I" (SSN + Admit Date + "I")	9/3
COMPANY CODE	34	3	1	SUR		
FISCAL YEAR	37	4	1	SUR		
FISCAL PERIOD	41	2	1	SUR		
DIVISION	43	7	1	SUR		
INTERNAL NUMBER	50	10	1	SUR		
SSN	60	9	1	SUR		
PSEUDO SSN IND	69	1	1	SUR		
INOUT CODE	70	1	1	SUR	= "I" send records for INPATIENTS only	
NAME	71	4	1	SUR		
SURG DATE	75	8	1	SUR		
SURG CASE NUMBER	83	9	1	SUR		
SURGICAL SPECIALTY	92	3	1	SUR		
SURGEON	95	11	1	SUR		
ATTENDING SURGEON	106	11	1	SUR		
ANESTHESIA SUPERVISOR	117	11	1	SUR		
PRIMARY SURG CPT	128	8	1	SUR		
SURG CPT CODE2	136	8	1	SUR	fill unused instances with "*"	
SURG CPT CODE3	144	8	1	SUR	fill unused instances with "*"	
SURG CPT CODE4	152	8	1	SUR	fill unused instances with "*"	
SURG CPT CODE5	160	8	1	SUR	fill unused instances with "*" skipping Movement File#	
Movement File No.	168	8	1		not read into DSS, left in extract for site trouble-shooting	
TREATING SPCLTY	176	6	1	SUR		
SURG CANCELLED	182	1	1	SUR		
SURG ATTENDING SERVICE	183	4	1	SUR		
NONOR LOCATION	187	10	1	SUR		
SURG FLAG	197	1	1	SUR	= 'Y'	
SURG PRIMARY STOP CODE	198	3	1	SUR	SAS generated: = 429	
SURG SECONDARY STOP CODE	201	3	1	SUR	send "*" for now	
MPI	204	10	1	SUR	Null until VistA fills extract with a value - New in FY 99	10/23
SURG NPI	214	8	1	SUR	Null until VistA fills extract with a value - New in FY 99	10/23
ATTEND SURG NPI	222	8	1	SUR	Null until VistA fills extract with a value - New in FY 99	10/23
ANESTH SUPERV NPI	230	8	1	SUR	Null until VistA fills extract with a value - New in FY 99	10/23
PRIM CARE PROVID NPI	238	8	1	SUR	Null until VistA fills extract with a value - New in FY 99	10/23
PCP PROVID TYPE	246	7	1	SUR	Null until Patch 1	10/23
		245		SUR		

## SUR Surgery Extract format

All surgery cases with their principal procedures for the selected surgery date range are extracted. Secondary procedures and prostheses implants are also extracted.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	INSTITUTION file (#4)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	Determined by a call to IN5^VADPT.	1
6	Day	Day of the month on which this event occurred	8
7	Case Number	SURGERY file (#130)	9
8	Surgical Specialty	Surgical specialty credited for doing this operative procedure.	3
9	OR Room Number	HOSPITAL LOCATION file (#44)	6
10	Surgeon	NEW PERSON file (#200) (Preceded by 2)	11
11	Attending Surgeon	NEW PERSON file (#200) (Preceded by 2)	11
12	Anesthesia Supervisor	NEW PERSON file (#200) (Preceded by 2)	11
13	Anesthesia Technique	Code corresponding to the type of anesthesia technique used during this case.	3
14	Primary/Secondary/Prosthesis (Implant) ("P," "S," or "I") (RECORD TYPE)	Indicator if this is a primary, secondary or prostheses.	1
15	CPT	CPT code for the operative procedure	8
16	Placeholder1	Placeholder for future use.	1
17	If primary add: Patient Time (15 Min Units)	The time, in 15 minute increments, the patient was in the OR.	4
18	Operation Time (15 Min Units)	The time, in 15 minute increments, of the principal operative procedure.	4
19	Anesthesia Time (15 Min Units)	The time, in 15 minute increments, of the anesthesia care administered.	4
20	If Prosthesis: Prosthesis (Implant)	PROSTHESIS file (#131.9)	4
21	Quantity	Quantity of the prosthetic devices used for this operative procedure.	5
22	Placeholder2	Placeholder for future use.	1
23	Movement File #	PATIENT MOVEMENT file (#405)	8
24	Treating Specialty	SPECIALTY file (#42.4)	6
25	Cancelled	C if the procedure was cancelled.	1
26	Time	Time when the patient entered the OR (6-digit military time).	6
27	OR Type	OPERATING ROOM TYPE file (#134)	2
28	Attending's Service	NATIONAL SERVICE file (#730)	4
29	NON OR DSS Identifier	DSS Unit Identifier for the non-OR location for this procedure.	10
30	Recovery Room (PACU) Time	Time, in 15 minute increments, that the patient spent in the post anesthesia care unit.	4
31	Placeholder 3	Placeholder for future use.	1
32	Primary Care Team	TEAM file (#404.51)	4
33	Primary Care Provider	NEW PERSON file (#200) (Preceded by 2)	11
34	Admit Date	Admission date if patient is an inpatient; otherwise null.	8
35	Master Patient Index	For future use; currently null.	10

<b>Field #</b>	<b>Field Name</b>	<b>Points to ¼ / Description</b>	<b>Length</b>
36	DSS Dept.	For future use; currently null.	10
37	Surgeon NPI	For future use; currently null.	8
38	Attending Surgeon NPI	For future use; currently null.	8
38	Anesthesia Supervisor NPI	For future use; currently null.	8
40	Primary Care Provider NPI	For future use; currently null.	8

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UTILITIES  
Medical Records Posting Layout

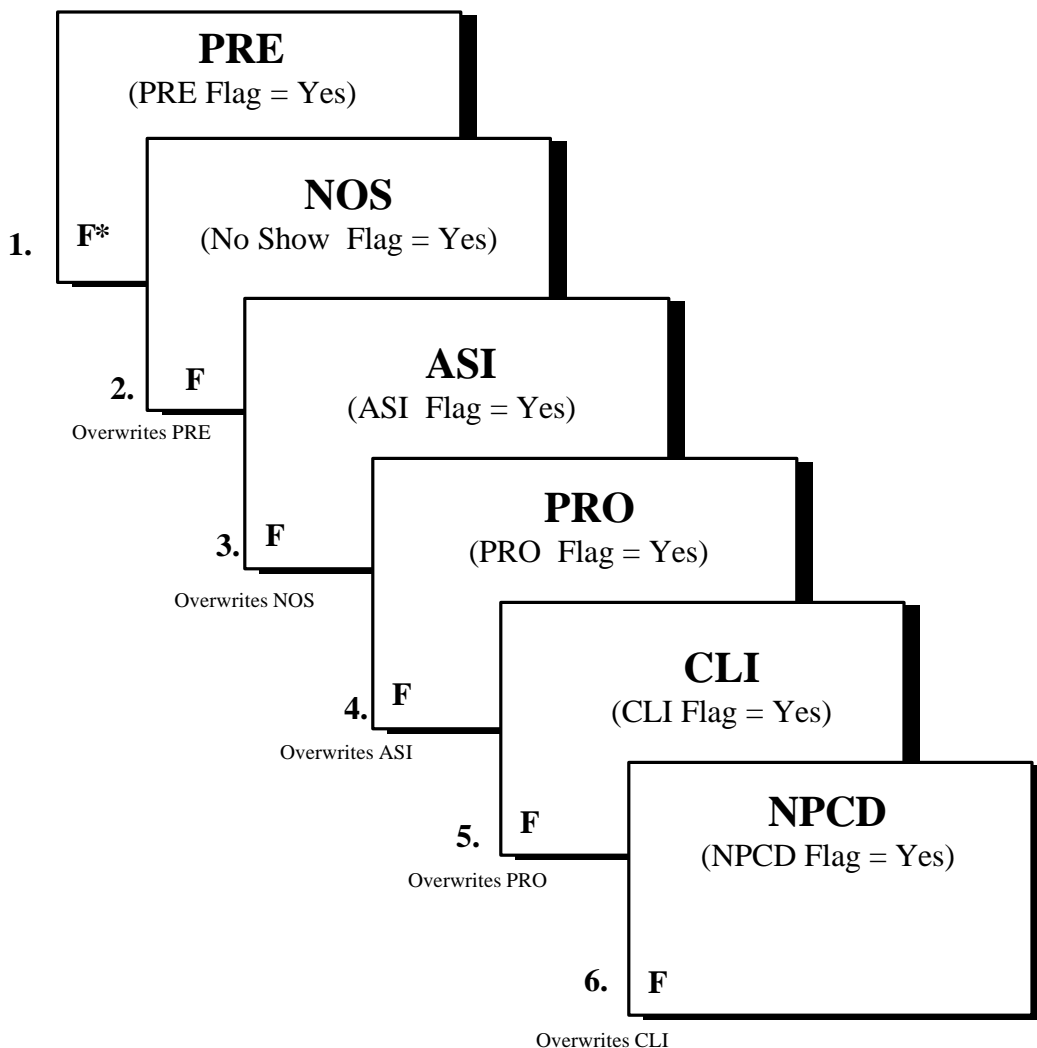
Feeder System: SUR9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
INOUT CODE	70	1	C	1		L	
NAME	71	4	C	1		L	
SURG DATE	75	8	C	1		L	
SURG CASE NUMBER	83	9	C	1		L	
SURGICAL SPECIALTY	92	3	C	1		L	
SURGEON	95	11	C	1		L	
ATTENDING SURGEON	106	11	C	1		L	
ANESTHESIA SUPERVISOR	117	11	C	1		L	
PRIMARY SURG CPT	128	8	C	1		L	
SURG CPT CODE2	136	8	C	1		L	
SURG CPT CODE3	144	8	C	1		L	
SURG CPT CODE4	152	8	C	1		L	
SURG CPT CODE5	160	8	C	1		L	
TREATING SPCLTY	176	6	C	1		L	
SURG CANCELLED	182	1	C	1		L	
SURG ATTENDING SERVICE	183	4	C	1		L	
NONOR LOCATION	187	10	C	1		L	
SURG FLAG	197	1	C	1		L	
SURG PRIMARY STOP CODE	198	3	C	1		L	
SURG SECONDARY STOP CODE	201	3	C	1		L	
MPI	204	10	C	1		L	
SURG NPI	214	8	C	1		L	
ATTEND SURG NPI	222	8	C	1		L	
ANESTH SUPERV NPI	230	8	C	1		L	
PRIM CARE PROVID NPI	238	8	C	1		L	
PCP PROVID TYPE	246	7	C	1		L	

Feeder System: SUR9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 34UTL PRT.MRPOST  
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# FY99 DSS Outpatient Medical Record Encounters Building Process



*last updated: 10/23/98*

<b><u>Feeder System: PRE9903</u></b>				PRE		
FEEDER SYSTEM ID	1	10	1	PRE	SAS WRITES "PRE9903"	8/18
RECTYPE	11	3	1	PRE	= "MR"	
ENCOUNTER NUMBER	14	20	1	PRE	=SSN+YYDDD+SSS (SSN + Julian Date of Visit + Stop Code)	
COMPANY CODE	34	3	1	PRE	SAS derived from extract msg header	
FISCAL YEAR	37	4	1	PRE	SAS derived from extract msg header	
FISCAL PERIOD	41	2	1	PRE	SAS derived from extract msg header	
Facility	43	7	1	PRE	Not read into DSS	
INTERNAL NUMBER (Patient # (DFN))	50	10	1	PRE		
SSN	60	9	1	PRE		
PSEUDO SSN IND	69	1	1	PRE		
NAME	70	4	1	PRE		
INOUT CODE	74	1	1	PRE	= "O" Outpatients DO NOT SEND INPT RECORDS	
DATE OF VISIT	75	8	1	PRE		
DIVISION	83	3	1	PRE		
PROVIDER	86	11	1	PRE		
VA Drug Class	97	5	1		Not read into DSS MR View	
Mail	102	1	1		Not read into DSS MR View	
Window	103	1	1		Not read into DSS MR View	
New	104	1	1		Not read into DSS MR View	
Refill	105	1	1		Not read into DSS MR View	
Quantity	106	4	1		Not read into DSS MR View	
Cost	110	8	1		Not read into DSS MR View	
Clerk Code	118	7	1		Not read into DSS MR View	
Movement File no.	125	8	1		Not read into DSS MR View	
TREATING SPCLTY	133	6	1	PRE		
NDC	139	14	1		Not read into DSS MR View	
Unit of Issue	153	10	1		Not read into DSS MR View	
BIRTHDATE	163	8	1	PRE		
ELIGIBILITY CODE	171	1	1	PRE		
VETERAN	172	1	1	PRE		
Copay	173	1	1		Not read into DSS MR View	
Feeder Key	174	20	1		Not read into DSS MR View	
DEA Special Handling	194	1	1		Not read into DSS MR View	
Days Supply	195	3	1		Not read into DSS MR View	
BILLING STATUS	198	1	1	PRE	= "F" Final	
CALC RPM	199	1	1	PRE	= "Y" required by DSS software	
CCM CASE TYPE	200	8	1	PRE	= "PRE":identifies encounters made from outpt. Pharm utilization	
CLINIC VISITS	208	1	1	PRE	= "I" required by DSS software	
PRE FLAG	209	1	1	PRE	= "Y" identifies encounters made from outpt. Pharm utilization	

ADMIT DATE	210	8	1	PRE	DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters SAS fills with DATE OF VISIT	
DISCHARGE DATE	218	8	1	PRE	DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters SAS fills with DATE OF VISIT	
NOSHOW FLAG	226	1	1	PRE	= "blank"	
PRIMARY CARE TEAM	227	4	1	PRE		
PRIMARY CARE PROVIDER	231	11	1	PRE		
RACE	242	1	1	PRE		
UTIL BUILT	243	1	1	PRE	= "N" to over-write any Util-Built encounters	
<del>ALIAS</del>	<del>244</del>	<del>15</del>	<del>1</del>	<del>PRE</del>	field deleted from DSS, not read into DSS	6/22
<del>INSURANCE CODE</del>	<del>259</del>	<del>3</del>	<del>1</del>	<del>PRE</del>	for V19 TRICARE Pilot not read into DSS for PRE	6/22
<del>PRIMARY ELIG CODE</del>	<del>262</del>	<del>3</del>	<del>1</del>	<del>PRE</del>	field deleted from DSS, not read into DSS	6/22
<del>VERIFICATION METHOD</del>	<del>265</del>	<del>3</del>	<del>1</del>	<del>PRE</del>	field deleted from DSS, not read into DSS	6/22
<del>SHARING PATIENT FLAG</del>	<del>268</del>	<del>1</del>	<del>1</del>	<del>PRE</del>	for V19 TRICARE Pilot not read into DSS for PRE	6/22
OBS FLAG	244	1	1	PRE	= "Y" if Treating Specialty = 24, 18, 41, 23, 65, or 94	
MPI	245	10	1	PRE	Null until VistA fills extract with a value - New in FY 99	10/23
SEX	255	1	1	PRE	New in PRE for FY 99	6/22
ZIP PLUS 4	256	10	1	PRE	New in PRE for FY 99	8/12
PROVID NPI	266	8	1	PRE	Null until VistA fills extract with a value - New in FY 99	10/23
PRIM CARE PROVID NPI	274	8	1	PRE	Null until VistA fills extract with a value - New in FY 99	10/23
STATE	282	2	1	PRE	New in PRE for FY 99	6/22
COUNTY	284	5	1	PRE	New in PRE for FY 99SAS: 2 char State Code concatenated with 3 char FIPPS county Code	6/22
ZIP CODE	289	5	1	PRE	SAS: Use first 5 characters of extract ZIP field - New in PRE for FY 99	8/12
DSS IDENTIFIER	294	6	1	PRE	SAS: Fill with "160"	8/17
STOP CODE	300	3	1	PRE	SAS: Fill with "160"	8/17
PCP PROVID TYPE	303	7	1	PRE	Null until Patch 1	10/23
		302		PRE		8/12

## PRE Prescription Extract format

All prescriptions for the selected date range are extracted. For Outpatient Pharmacy Version 5.6, the fill date is used to select for DAY field. For OP Version 6.0, the release date is used.

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	INSTITUTION file (#4)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's social security number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	Determined by a call to IN5^VADPT.	1
6	Day	Day of the month on which this event occurred	8
7	Division	OUTPATIENT SITE file (#59)	3
8	Provider	PROVIDER file (#6) (Preceded by 6) or NEW PERSON file (#200) (Preceded by 2)	11
9	VA Drug Classification	VA Drug Classification for the drug/supply item in this prescription.	5
10	Mail	1 if this prescription was mailed from the VAMC; 2 if mailed from a CMOP.	1
11	Placeholder1	Placeholder for future use.	1
12	New	1 if this is a new prescription.	1
13	Placeholder2	Placeholder for future use.	1
14	Quantity	Quantity of drug dispensed (1 to 4 characters).	4
15	Cost	Cost of drug dispensed (dollar amount between 0 and 10000; 2 decimal digits).	8
16	Placeholder3	Placeholder for future use.	1
17	Movement File #	PATIENT MOVEMENT file(#405)	8
18	Treating Specialty	SPECIALTY file (#42.4)	6
19	Placeholder4	Placeholder for future use.	1
20	Unit of Issue	Units in which this item was dispensed (1-10 characters).	10
21	Date of Birth	Patient's date of birth	8
22	Eligibility	1-character eligibility code	1
23	Veteran	Veteran? (Y/N)	1
24	Copay	1 for Yes; 0 for No	1
25	New PRE Feeder Key	Feeder Key for the drug in this record.	20
26	Investigational (DEA Special Handling)	I for Investigational	1
27	Days Supply	Number of days covered by this prescription (a number between 1 and 31; 0 decimal digits).	3
28	Primary Care Team	TEAM file (#404.51)	4
29	Primary Care Provider	NEW PERSON file (#200) (Preceded by 2)	11
30	Time	Time of day when the perspiration fill/refill was released (6-digit military time).	6
31	Race	RACE file (#10)	1
32	Master Patient Index	For future use; currently null.	10
33	DSS Dept	For future use; currently null.	10
34	SEX	Codes M/F	1
35	ZIP +4	nnnnn-nnnn	10
36	Provider NPI	For future use; currently null.	8
37	Primary Care Provider NPI	For future use; currently null.	8
38	State Code	Patient's state	2
39	County Code	Patient's county	3

RUN DATE 1999-10-05

UTILITIES  
Medical Records Posting Layout

Feeder System: PRE9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	75	8	C	1		L	
DIVISION	83	3	C	1		L	
PROVIDER	86	11	C	1		L	
TREATING SPCLTY	133	6	C	1		L	
BIRTHDATE	163	8	C	1		L	
ELIGIBILITY CODE	171	1	C	1		L	
VETERAN	172	1	C	1		L	
BILLING STATUS	198	1	C	1		L	
CALC RPM	199	1	C	1		L	
CCM CASE TYPE	200	8	C	1		L	
CLINIC VISITS	208	1	C	1		L	
PRE FLAG	209	1	C	1		L	
ADMIT DATE	210	8	C	1		L	
DISCHARGE DATE	218	8	C	1		L	
NOSHOW FLAG	226	1	C	1		L	
PRIMARY CARE TEAM	227	4	C	1		L	
PRIMARY CARE PROVIDER	231	11	C	1		L	
RACE	242	1	C	1		L	
UTIL BUILT	243	1	C	1		L	
OBS FLAG	244	1	C	1		L	
MPI	245	10	C	1		L	
SEX	255	1	C	1		L	
ZIP PLUS 4	256	10	C	1		L	
PROVID NPI	266	8	C	1		L	
PRIM CARE PROVID NPI	274	8	C	1		L	
STATE	282	2	C	1		L	
COUNTY	284	5	C	1		L	
ZIP CODE	289	5	C	1		L	
DSS IDENTIFIER	294	6	C	1		L	
STOP CODE	300	3	C	1		L	
PCP PROVID TYPE	303	7	C	1		L	

Feeder System: PRE9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 40UTL PRT.MRPOST  
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<b><u>Feeder System: NOS9903</u></b>				NOS		
FEEDER SYSTEM ID	1	10	1	NOS	SAS WRITES "NOS9903"	8/18
RECTYPE	11	3	1	NOS	= "MR"	
ENCOUNTER NUMBER	14	20	1	NOS	=SSN+YYDDD+SSS (SSN + Julian Date of Visit + Stop Code)	
COMPANY CODE (Hosp/Station)	34	3	1	NOS		
FISCAL YEAR	37	4	1	NOS		
FISCAL PERIOD	41	2	1	NOS		
DIVISION (Facility/Division)	43	7	1	NOS		
INTERNAL NUMBER (Patient # (DFN))	50	10	1	NOS		
SSN	60	9	1	NOS		
PSEUDO SSN IND	69	1	1	NOS		
NAME	70	4	1	NOS		
INOUT CODE	74	1	1	NOS	= "O" Outpatients DO NOT SEND INPT RECORDS	
DATE OF VISIT	75	8	1	NOS		
STOP CODE	83	3	1	NOS		
Movement File No.	86	8	1		not read into DSS, left in extract for site trouble-shooting	
TREATING SPCLTY	94	6	1	NOS	Null for outpatients	
BIRTHDATE	100	8	1	NOS		
ELIGIBILITY CODE	108	1	1	NOS		
VETERAN (Veteran Status)	109	1	1	NOS		
BILLING STATUS	110	1	1	NOS	= "F" Final	
CLINIC VISITS	111	1	1	NOS	= "I" required by DSS software	
CALC RPM	112	1	1	NOS	= "Y" required by DSS software	
CCM CASE TYPE	113	8	1	NOS	= "NOS":identifies encounters made from No-Show utilization	
NOSHOW FLAG	121	1	1	NOS	= "Y" identifies encounters made from No-Show utilization	
ADMIT DATE	122	8	1	NOS	DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters. SAS fills with DATE OF VISIT	
DISCHARGE DATE	130	8	1	NOS	DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters. SAS fills with DATE OF VISIT	
PRE FLAG	138	1	1	NOS	= "blank" to over-write if this record updates a PRE-built enctr.	
PRIMARY CARE TEAM	139	4	1	NOS		
PRIMARY CARE PROVIDER	143	11	1	NOS		
PROVIDER	154	11	1	NOS		
RACE	165	1	1	NOS		
UTIL BUILT	166	1	1	NOS	= "N" to over-write if this record updates a Util-built enctr.	
MPI	167	10	1	NOS	New for FY 99	10/23
PRIM CARE PROVID NPI	177	8	1	NOS	New for FY 99	10/23
PROVID NPI	185	8	1	NOS	New for FY 99	10/23
DSS IDENTIFIER	193	6	1	NOS	SAS: Fill with STOP CODE, extract filed 18 New for FY 98	8/17
PCP PROVID TYPE	199	7	1	NOS	Null until Patch 1	10/23
		198		NOS		

## NOS Clinic No-Show Extract format

All no-shows for the selected clinic appointment date range are extracted (with the exception of inpatient no-shows).

Field #	Field Name	Points to ¼ / Description	Length
1	Facility	MEDICAL CENTER DIVISION file (#40.8)	7
2	Patient No. - DFN	PATIENT file (#2) (DFN)	10
3	SSN	Patient's Social Security Number	10
4	Name	First 4 characters of last name	4
5	In Out Patient Indicator	LOCATION TYPE file (#40.9)	1
6	Day	Day of the month on which this event occurred	8
7	Placeholder 1	Placeholder for future use.	3
8	Movement File #	PATIENT MOVEMENT file (#405)	8
9	Treating Specialty	SPECIALTY file (#42.4)	6
10	Date of Birth	Patient's date of birth	8
11	Eligibility	One-character eligibility code	1
12	Veteran	Veteran? (Y/N)	1
13	Time	Time when this clinic visit occurred (6-digit military time)	6
14	Primary Care Team	TEAM file (#404.51)	4
15	Primary Care Provider	NEW PERSON file (#200) ( <i>Preceded by 2</i> )	11
16	Provider	NEW PERSON file (#200) ( <i>Preceded by 2</i> ) ( <i>Marked as a placeholder.</i> )	11
17	Race	RACE file (#10)	1
18	DSS Identifier	DSS STOP CODE and DSS CREDIT STOP CODE, if present (from CLINICS AND STOP CODES file [#728.44])	6
19	Master Patient Index	Null	10
20	DSS Dept.	Null	10
21	Primary Care Provider NPI	Null	8
22	Provider NPI	Null	8

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UTILITIES  
Medical Records Posting Layout

Feeder System: NOS9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	75	8	C	1		L	
STOP CODE	83	3	C	1		L	
TREATING SPCLTY	94	6	C	1		L	
BIRTHDATE	100	8	C	1		L	
ELIGIBILITY CODE	108	1	C	1		L	
VETERAN	109	1	C	1		L	
BILLING STATUS	110	1	C	1		L	
CLINIC VISITS	111	1	C	1		L	
CALC RPM	112	1	C	1		L	
CCM CASE TYPE	113	8	C	1		L	
NOSHOW FLAG	121	1	C	1		L	
ADMIT DATE	122	8	C	1		L	
DISCHARGE DATE	130	8	C	1		L	
PRE FLAG	138	1	C	1		L	
PRIMARY CARE TEAM	139	4	C	1		L	
PRIMARY CARE PROVIDER	143	11	C	1		L	
PROVIDER	154	11	C	1		L	
RACE	165	1	C	1		L	
UTIL BUILT	166	1	C	1		L	
MPI	167	10	C	1		L	
PRIM CARE PROVID NPI	177	8	C	1		L	
PROVID NPI	185	8	C	1		L	
DSS IDENTIFIER	193	6	C	1		L	
PCP PROVID TYPE	199	7	C	1		L	

Feeder System: NOS9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 34UTL PRT.MRPOST  
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last updated: 12/9/98

<b><u>Feeder System: ASI9903</u></b>				ASI		
FEEDER SYSTEM ID	1	10	1	ASI	SAS: writes "ASI9903"	
RECTYPE	11	3	1	ASI	SAS: writes "MR"	
ENCOUNTER NUMBER	14	20	1	ASI	SAS: = SSN+YYDDD (Julian date)+"ASI"	
COMPANY CODE	34	3	1	ASI	SAS: use converted company codes, see DCR/DCM Specs	
FISCAL YEAR	37	4	1	ASI		
FISCAL PERIOD	41	2	1	ASI		
SSN	43	9	1	ASI		
PSEUDO SSN IND	52	1	1	ASI		
NAME	53	4	1	ASI		
SEX	57	1	1	ASI		
BIRTHDATE	58	8	1	ASI	YYYYMMDD	
DATE OF VISIT	66	8	1	ASI	YYYYMMDD	
ADMIT DATE	74	8	1	ASI	SAS: = Date of Visit (YYYYMMDD, required on all encounters)	
DISCHARGE DATE	82	8	1	ASI	SAS: = Date of Visit (YYYYMMDD, required on all encounters)	
ASI DATE	90	8	1	ASI		
ASI TYPE	98	1	1	ASI		
ASI PROVIDER	99	11	1	ASI		
ASI EDUYEAR	110	2	1	ASI		
ASI EDUMONTH	112	2	1	ASI		
ASI OCCUP	114	1	1	ASI		
ASI SAL	115	1	1	ASI		
ASI DPL	116	1	1	ASI		
ASI CSMED	117	4	1	ASI		
ASI CSEMP	121	4	1	ASI		
ASI CSALC	125	4	1	ASI		
ASI CSDRU	129	4	1	ASI		
ASI CSLEG	133	4	1	ASI		
ASI CSFAM	137	4	1	ASI		
ASI CSPSY	141	4	1	ASI		
BILLING STATUS	145	1	1	ASI	SAS: = "F" (for Final)	
CALC RPM	146	1	1	ASI	SAS: = "Y" (for Yes, required for all new encounters)	
CCM CASE TYPE	147	8	1	ASI	SAS: = "ASI"	
CLINIC VISITS	155	1	1	ASI	SAS: = "1" (One, required for all outpatient encounters)	
STOP CODE	156	3	1	ASI	SAS: write "ASI"	
DSS IDENTIFIER	159	9	1	ASI	SAS: write "ASI"	
INOUT CODE	168	1	1	ASI		12/9
Total record length		168		ASI		

**DSS ASI INPUT FILE FORMAT**

DSS Field	starts	Len.	ASI Field	Notes
COMPANY CODE	1	3	SITE NO.	
SSN	4	10	SSN	tenth character for pseudo "P"
NAME	14	4	NAME	
SEX	18	1	GENDER	
BIRTHDATE	19	9	DOB	
ASI DATE	28	8	INTDATE	
ASI TYPE	36	1	CLASS	DSS SAS processess into DSS field: ASI TYPE
ASI COMPLETE	37	1	SPECIAL	DSS SAS processess into DSS field: ASI TYPE
ASI PROVIDER	38	11	INTCODE	send first 11 characters
ASI EDUYEAR	49	2	EDUCYEAR	
ASI EDUMONTH	51	2	EDUCMONT	
ASI OCCUP	53	1	OCCUP	
ASI SAL	54	1	SEXABULI	
ASI DPL	55	1	DEPRLIF	
ASI DATE RECD	56	8	DATE_RECEIVED	date received
ASI CSMED	64	4	CSMED	
ASI CSEMP	68	4	CSEMP	
ASI CSALC	72	4	CSALCO	
ASI CSDRU	76	4	CSDRUG	
ASI CSLEG	80	4	CSLEG	
ASI CSFAM	84	4	CSFAM	
ASI CSPSY	88	4	CSPSYCH	
		91		

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UTILITIES  
Medical Records Posting Layout

Feeder System: ASI9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
SSN	43	9	C	1		L	
PSEUDO SSN IND	52	1	C	1		L	
NAME	53	4	C	1		L	
SEX	57	1	C	1		L	
BIRTHDATE	58	8	C	1		L	
DATE OF VISIT	66	8	C	1		L	
ADMIT DATE	74	8	C	1		L	
DISCHARGE DATE	82	8	C	1		L	
ASI DATE	90	8	C	1		L	
ASI TYPE	98	1	C	1		L	
ASI PROVIDER	99	11	C	1		L	
ASI EDUYEAR	110	2	C	1		L	
ASI EDUMONTH	112	2	C	1		L	
ASI OCCUP	114	1	C	1		L	
ASI SAL	115	1	C	1		L	
ASI DPL	116	1	C	1		L	
ASI CSMED	117	4	C	1		L	
ASI CSEMP	121	4	C	1		L	
ASI CSALC	125	4	C	1		L	
ASI CSDRU	129	4	C	1		L	
ASI CSLEG	133	4	C	1		L	
ASI CSFAM	137	4	C	1		L	
ASI CSPSY	141	4	C	1		L	
BILLING STATUS	145	1	C	1		L	
CALC RPM	146	1	C	1		L	
CCM CASE TYPE	147	8	C	1		L	
CLINIC VISITS	155	1	C	1		L	
STOP CODE	156	3	C	1		L	
DSS IDENTIFIER	159	9	C	1		L	
INOUT CODE	168	1	C	1		L	

Feeder System: ASI9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 34UTL PRT.MRPOST  
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**last updated: 10/23/98**

<b><u>Feeder System: PRO9903</u></b>				PRO		
FEEDER SYSTEM ID	1	10	1	PRO	= "PRO9803" (added by SAS)	8/18
RECTYPE	11	3	1	PRO	= "MR" (added by SAS)	
ENCOUNTER NUMBER	14	20	1	PRO	= SSN+YYJJJ(Julian)(DATE OF VISIT)+"423"(Stopcode)	8/19
COMPANY CODE (Hosp/Sta)	34	3	1	PRO		
FISCAL YEAR	37	4	1	PRO	4-character Fiscal Year	
FISCAL PERIOD	41	2	1	PRO		
DIVISION (Facility)	43	7	1	PRO		
INTERNAL NUMBER (Patient # (DFN))	50	10	1	PRO	DSS field: INTERNAL NUMBER	
SSN	60	9	1	PRO		
PSEUDO SSN IND	69	1	1	PRO	Filled by SAS if 10th character sent in extract SSN is a "P"	
NAME	70	4	1	PRO		
INOUT CODE	74	1	1	PRO	= "O" for outpts Send no record for inpatients	
DATE OF VISIT	75	8	1	PRO		
FEEDER LOCATION	83	10	1	PRO	not read into DSS	
FEEDER KEY	93	20	1	PRO	not read into DSS	
QUANTITY	113	4	1	PRO	not read into DSS	
PRIMARY CARE TEAM	117	4	1	PRO		
PRIMARY CARE PROVIDER	121	11	1	PRO		
PROS HCPCS	132	8	1	PRO		10/23
ICD9 Code	140	7	1	PRO	not read into DSS, not currently available in Prosthetics Package	
AGENT ORANGE	147	1	1	PRO		
RADIATION	148	1	1	PRO		
Environ Contamin Status	149	1	1	PRO	not read into DSS	
ELIGIBILITY	150	1	1	PRO		
Prosth Cost of Transaction	151	6	1	PRO	not read into DSS, used in monthly report from extract package	
Prosth Lab Labor Cost	157	6	1	PRO	not read into DSS, used in monthly report from extract package	
Prosth Lab Materiel Cost	163	6	1	PRO	not read into DSS, used in monthly report from extract package	
PROS BILL STATUS	169	2	1	PRO		10/23
VETERAN	171	1	1	PRO		
PROS TRANS TYPE	172	2	1	PRO		10/23
NOSHOW FLAG	174	1	1	PRO	= "blank" (to over-write NOSHOW flag if this will	
CLI FLAG	175	1	1	PRO	= "blank" (added by SAS)	
NPCD FLAG	176	1	1	PRO	= "blank" (added by SAS)	
PROS FLAG	177	1	1	PRO	= "Y" (added by SAS)	10/23
STOP CODE	178	3	1	PRO	= "423" (added by SAS)	
ADMIT DATE	181	8	1	PRO	DATE OF SERVICE, required by DSS software, added by SAS	
DISCHARGE DATE	189	8	1	PRO	DATE OF SERVICE, required by DSS software, added by SAS	

BILLING STATUS	197	1	1	PRO	= 'F' (added by SAS)	8/19
CALC RPM	198	1	1	PRO	= 'Y' (added by SAS)	
CCM CASE TYPE	199	8	1	PRO	="CPT"+"-"+first 4 characters of CPT (added by SAS)	
CLINIC VISITS	207	1	1	PRO	= '1' (added by SAS)	
Prosth Placeholder1	208	15	1	PRO	not read into DSS	
ZIP PLUS 4	223	10	1	PRO	nnnnn-nnnn	8/12
BIRTHDATE	233	8	1	PRO		
SEX	241	1	1	PRO		
Prosth Grouper	242	8	1	PRO	not read into DSS	
PRIM CARE PROVID NPI	250	8	1	PRO	null until VistA fills extract field with value	10/23
MPI	258	10	1	PRO		10/23
ZIP CODE	268	5	1	PRO	SAS: Use first 5 characters of extract ZIP Code field	8/12
DSS IDENTIFIER	273	6	1	PRO	SAS: Use Stop Code field	8/17
PCP PROVID TYPE	279	7	1	PRO	Null until Patch 1	10/23
		272		PRO		

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UTILITIES  
Medical Records Posting Layout

Feeder System: PRO9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	75	8	C	1		L	
PRIMARY CARE TEAM	117	4	C	1		L	
PRIMARY CARE PROVIDER	121	11	C	1		L	
PROS HCPCS	132	8	C	1		L	
AGENT ORANGE	147	1	C	1		L	
RADIATION	148	1	C	1		L	
ELIGIBILITY CODE	150	1	C	1		L	
PROS BILL STATUS	169	2	C	1		L	
VETERAN	171	1	C	1		L	
PROS TRANS TYPE	172	2	C	1		L	
NOSHOW FLAG	174	1	C	1		L	
CLI FLAG	175	1	C	1		L	
NPCD FLAG	176	1	C	1		L	
PROS FLAG	177	1	C	1		L	
STOP CODE	178	3	C	1		L	
ADMIT DATE	181	8	C	1		L	
DISCHARGE DATE	189	8	C	1		L	
BILLING STATUS	197	1	C	1		L	
CALC RPM	198	1	C	1		L	
CCM CASE TYPE	199	8	C	1		L	
CLINIC VISITS	207	1	C	1		L	
ZIP PLUS 4	223	10	C	1		L	
BIRTHDATE	233	8	C	1		L	
SEX	241	1	C	1		L	
PRIM CARE PROVID NPI	250	8	C	1		L	
MPI	258	10	C	1		L	
ZIP CODE	268	5	C	1		L	
DSS IDENTIFIER	273	6	C	1		L	
PCP PROVID TYPE	279	7	C	1		L	

Feeder System: PRO9903  
TEMPLATE DESIGN SYSTEM

Fields Defined ..... 39UTL PRT.MRPOST  
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*last updated: 10/23/98*

<b><u>Feeder System: CLI9903</u></b>				CLI		
FEEDER SYSTEM ID	1	10	1	CLI	SAS WRITES "CLI9903"	8/18
RECTYPE	11	3	1	CLI	= "NON"	
ENCOUNTER NUMBER	14	20	1	CLI	=SSN+YYDDD+SSS (SSN + Julian Date of Visit + Stop Code)	
COMPANY CODE	34	3	1	CLI		
FISCAL YEAR	37	4	1	CLI		
FISCAL PERIOD	41	2	1	CLI		
DIVISION	43	7	1	CLI		
INTERNAL NUMBER	50	10	1	CLI		
SSN	60	9	1	CLI		
PSEUDO SSN IND	69	1	1	CLI		
NAME	70	4	1	CLI		
INOUT CODE	74	1	1	CLI	= "O" Outpatients DO NOT SEND INPT RECORDS	
DATE OF VISIT (Date of Service)	75	8	1	CLI		
Feeder Key	83	14	1		not read into DSS Medical Record View SAS: do NOT send MR View rec. if last char of Feeder Key = N if last char = Q, change Q to "0" (zero) in DCM and DCR records	
OVERBOOK INDICATOR	97	1	1	CLI		
CLINIC NAME	98	6	1	CLI		
Movement File No.	104	8	1		not read into DSS Medical Record View	
TREATING SPCLTY	112	6	1	CLI	Null for outpatients	
BILLING STATUS	118	1	1	CLI	= "F" Final	
CALC RPM	119	1	1	CLI	= "Y" required by DSS software	
CCM CASE TYPE	120	8	1	CLI	= "CPT"+"-"+first 4 char of CPT	
CLINIC VISITS	128	1	1	CLI	= "1" required by DSS software	
Time	129	6	1		not read into DSS Medical Record View	
PRIMARY CARE TEAM	135	4	1	CLI		
PRIMARY CARE PROVIDER	139	11	1	CLI		
PROVIDER	150	11	1	CLI	only place provider is available	
PRIMARY CPT4 CODE	161	8	1	CLI	first code extract finds (in numerical order) NOT necessarily the primary CPT code VistA has no Primary CPT indicator	
ICD9 CODE	169	7	1	CLI	primary ICD9 code from VistA	
BIRTHDATE	176	8	1	CLI		
ELIGIBILITY CODE	184	1	1	CLI	see also Encounter Eligibility	
VETERAN	185	1	1	CLI		
RACE	186	1	1	CLI		
UTIL BUILT	187	1	1	CLI	= "N" to over-write if this enctr is over-writing a Util-built enctr.	
PRE FLAG	188	1	1	CLI	= "blank" over-writes flag if this encounter is over-writing a PRE-built encounter.	

NOSHOW FLAG	189	1	1	CLI	= "blank" over-writes flag if this encounter is over-writing a No-Show-built encounter.	
CLI FLAG	190	1	1	CLI	= "Y" to indicate encounters built by CLI '= "Q" if last char of Feeder Key = Q: appointment is both neither checked in nor checked out "No Action Taken"	
STOP CODE	191	3	1	CLI	Primary Stop Code; SAS: First 3 characters of Feeder Key	
ADMIT DATE	194	8	1	CLI	DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters SAS fills with DATE OF VISIT	
DISCHARGE DATE	202	8	1	CLI	DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters SAS fills with DATE OF VISIT	
POW	210	1	1	CLI		
POW LOCATION	211	2	1	CLI		
RADIATION	213	1	1	CLI		
ENCOUNTER IONIZING RAD	214	1	1	CLI		
AGENT ORANGE	215	1	1	CLI		
ENCOUNTER AGENT ORANGE	216	1	1	CLI		
PROVIDER TYPE	217	7	1	CLI		
PROVIDING MD	224	11	1	CLI	SAS fills this field with the value in PROVIDER only if Provider is a physician. Provider is a physician if PROVIDER TYPE is in range of V110000 to V119999 inclusive	
<del>ALIAS</del>	235	<del>15</del>	<del>1</del>	<del>CLI</del>	field deleted from DSS, not read into DSS	6/23
SHAR AGREE INSURCO	250	30	4	CLI	New in FY 99 - multiply-occurring, up to 4 values; VistA input is: 1 insur co = 30 char; 2 insur co = 14 char+", "+14 char; 3 insur co = 9 char+", "+9 char+", "+9char; 4 or more insur = same as 3 + "M"; SAS see note below	10/23
<del>PRIMARY ELIG CODE</del>	370	<del>3</del>	<del>1</del>	<del>CLI</del>	field deleted from DSS, not read into DSS	6/23
<del>VERIFICATION METHOD</del>	373	<del>3</del>	<del>1</del>	<del>CLI</del>	field deleted from DSS, not read into DSS	6/23
SHAR PATIENT FLAG	376	1	1	CLI	= "Y" if SHARING AGREEMENT PAYOR is present	10/23
OBS FLAG	377	1	1	CLI	= "Y" if: 1) first 3 char of Feeder Key = 290 thru 296 or 2) fourth thru sixth char of Feeder Key = 290 thru 296 or 3) CPT4 CODE = 99217 thru 99220	
MPI	378	10	1	CLI	new for FY 99 - Null until VistA fills extract field with value	10/23
SEX	388	1	1	CLI	New in CLI in FY 99	6/23
ZIP PLUS 4	389	10	1	CLI	New in CLI in FY 99	6/23
PRIM CARE PROVID NPI	399	8	1	CLI	new for FY 99 - Null until VistA fills extract field with value	10/23

PROVID NPI	407	8	1	CLI	new for FY 99 - Null until VistA fills extract field with value	10/23
ENCOUNTER ELIGIBILITY	415	3	1	CLI	New in CLI in FY 99	6/23
MST STATUS	418	1	1	CLI	new for FY 99	10/23
ENCOUNTER MST	419	1	1	CLI	new for FY 99	6/23
CPT4 CODE	420	8	10	CLI	new in CLI for FY 99 - multiply -occurring, up to 10 times (VistA has no indicator for Primary CPT4 Code)	6/23
SHAR AGREE PAYOR	500	15	1	CLI	New in FY 99 - only 6 possible values: CHAMPVA, CHAMPUS, TRICARE, SHARING AGREEMENT, CATEGORY C, CAT C	10/23
ENROLL LOC	515	5	1	CLI	New in FY 99, preferred station when patient is enrolled	10/23
STATE	520	2	1	CLI	New in CLI in FY 99	6/23
COUNTY	522	5	1	CLI	New in CLI in FY 99 SAS: 2 char State Code concatenated with 3 char FIPPS county Code	6/23
HCUP	527	3	1	CLI	New in FY 99, HCUP value derived from ADMIT DIAGNOSIS SAS fills from HCUP table, see separate HCUP Specifications	6/23
ZIP CODE	530	5	1	CLI	New for FY 99, SAS: use first 5 characters of extact ZIP field	8/12
DSS IDENTIFIER	535	6	1	CLI	New for FY 99, SAS: use first 3 characters of extact Stop Code field	8/17
PCP PROVID TYPE	541	7	1	CLI	Null until Patch 1	10/23
		357		CLI		

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UTILITIES  
Medical Records Posting Layout

Feeder System: CLI9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
FISCAL YEAR	37	4	C	1		L	
FISCAL PERIOD	41	2	C	1		L	
DIVISION	43	7	C	1		L	
INTERNAL NUMBER	50	10	C	1		L	
SSN	60	9	C	1		L	
PSEUDO SSN IND	69	1	C	1		L	
NAME	70	4	C	1		L	
INOUT CODE	74	1	C	1		L	
DATE OF VISIT	75	8	C	1		L	
OVERBOOK INDICATOR	97	1	C	1		L	
CLINIC NAME	98	6	C	1		L	
TREATING SPCLTY	112	6	C	1		L	
BILLING STATUS	118	1	C	1		L	
CALC RPM	119	1	C	1		L	
CCM CASE TYPE	120	8	C	1		L	
CLINIC VISITS	128	1	C	1		L	
PRIMARY CARE TEAM	135	4	C	1		L	
PRIMARY CARE PROVIDER	139	11	C	1		L	
PROVIDER	150	11	C	1		L	
PRIMARY CPT4 CODE	161	8	C	1		L	
ICD9 CODE	169	7	C	1		L	
BIRTHDATE	176	8	C	1		L	
ELIGIBILITY CODE	184	1	C	1		L	
VETERAN	185	1	C	1		L	
RACE	186	1	C	1		L	
UTIL BUILT	187	1	C	1		L	
PRE FLAG	188	1	C	1		L	
NOSHOW FLAG	189	1	C	1		L	
CLI FLAG	190	1	C	1		L	
STOP CODE	191	3	C	1		L	
ADMIT DATE	194	8	C	1		L	
DISCHARGE DATE	202	8	C	1		L	
POW	210	1	C	1		L	
POW LOCATION	211	2	C	1		L	
RADIATION	213	1	C	1		L	
ENCOUNTER IONIZING RAD	214	1	C	1		L	
AGENT ORANGE	215	1	C	1		L	
ENCOUNTER AGENT ORANGE	216	1	C	1		L	
PROVIDER TYPE	217	7	C	1		L	
PROVIDING MD	224	11	C	1		L	
SHAR AGREE INSURCO	250	30	C	4		L	****
SHAR PATIENT FLAG	376	1	C	1		L	
OBS FLAG	377	1	C	1		L	
MPI	378	10	C	1		L	
SEX	388	1	C	1		L	
ZIP PLUS 4	389	10	C	1		LUTL	
PRIM CARE PROVID NPI	399	8	C	1		L	
PROVID NPI	407	8	C	1		L	
ENCOUNTER ELIGIBILITY	415	3	C	1		L	

MST STATUS	418	1	C	1	L	
ENCOUNTER MST	419	1	C	1	L	
CPT4 CODE	420	8	C	10	L	****
SHAR AGREE PAYOR	500	15	C	1	L	
ENROLL LOC	515	5	C	1	L	
STATE	520	2	C	1	L	
COUNTY	522	5	C	1	L	
HCUP	527	3	C	1	L	
ZIP CODE	530	5	C	1	L	
DSS IDENTIFIER	535	6	C	1	L	
PCP PROVID TYPE	541	7	C	1	L	

Feeder System: CLI9903  
 TEMPLATE DESIGN SYSTEM

Fields Defined ..... 62UTL PRT.MRPOST  
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**last updated: 10/9/98**

<b><u>Feeder System: NPC9903</u></b>				NPC		
FEEDER SYSTEM ID	1	10	1	NPC	SAS WRITES "NPC9903"	8/18
RECTYPE	11	3	1	NPC	= "NON"	
ENCOUNTER NUMBER	14	20	1	NPC	=SSN+YYDDD+SSS (SSN + Julian Date of Visit + Stop Code)	
COMPANY CODE	34	3	1	NPC	Facility_Number in Care_Encounter table	
INOUT CODE	37	1	1	NPC	= "O" do NOT send Inpatient Records	
FISCAL YEAR	38	4	1	NPC	derive from Encounter_Start_Date in Care_Encounter table	6/24
FISCAL PERIOD	42	2	1	NPC	derive from Encounter_Start_Date in Care_Encounter table	6/24
DIVISION	44	3	1	NPC	from Facility_Suffix in Care_Encounter table	
INTERNAL NUMBER	47	10	1	NPC		
SSN	57	9	1	NPC	SSN in Patient table	
PSEUDO SSN IND	66	1	1	NPC		
DATE OF VISIT	67	8	1	NPC	Encounter_Start_Date in Care_Encounter table	
BIRTH YEAR	75	4	1	NPC	Birth_Year in Patient table	
ZIP CODE	79	5	1	NPC		10/9
SEX	84	1	1	NPC	Sex_Code in Patient_Demographic table	
POW	85	1	1	NPC	POW_Indicator in Patient_Demographic table	
PERIOD OF SERVICE	86	2	1	NPC	Period_of_Service in Patient_Demographic table	
ENCOUNTER ELIGIBILITY	88	3	1	NPC	Encounter_Eligibility_Code in Care_Encounter table	
PURPOSE OF VISIT	91	2	1	NPC	Purpose_of_Visit_Code in Ambulatory_Encounter	
LOCATION OF VISIT	93	1	1	NPC	Location_of_Visit_Code in Ambulatory_Encounter	
DSS IDENTIFIER	94	9	1	NPC	DSS_Identifier in Care_Encounter table	
VIETNAM	103	1	1	NPC	Vietnam_Service_Code in Patient_Demographic table	
AGENT ORANGE	104	1	1	NPC	Agent_Orange_Exp_Code in Patient_Demographic table	
RADIATION	105	1	1	NPC	Ionizin_Rad_Exp_Code in Patient_Demographic table	
MEANS TEST INDICATOR	106	2	1	NPC	Means_Test_Category_Code in Patient_Demographic table	
NUMBER OF DEPENDANTS	108	2	1	NPC	Number_of_Dependents in Patient_Demographic table	
PRIMARY CPT4 CODE	110	10	1	NPC	Procedure_Code in Enc_Procedure table SAS: use CPT with Primary Flag when available	
CPT4 CODE	120	10	10	NPC	Procedure_Code in Enc_Procedure table	
STATE	220	2	1	NPC	State in Patient_Demographic table	
COUNTY	222	5	1	NPC	2 char State Code concatenated with 3 char FIPPS county Code; County_Code in Patient_Demographic table concatenated with	
BILLING STATUS	227	1	1	NPC	= "F" Final	
CALC RPM	228	1	1	NPC	= "Y" required by DSS software	

CCM CASE TYPE	229	8	1	NPC	= "CPT"+"-" +first 4 characters of PRIMARY CPT4 CODE	
CLINIC VISITS	237	1	1	NPC	= "1" required by DSS software	
PRIMARY PROVIDER TYPE	238	6	1	NPC	Use Provider Type Code with Primary Flag when available Practitioner_Type_Code in Encounter_Practitioner table	
PROVIDER TYPE	244	6	4	NPC	Practitioner_Type_Code in Encounter_Practitioner table - multiply-occurring up to 4 times	
PRIMARY ICD9	268	7	1	NPC	Use ICD-9 Code with Primary Flag; Diagnositic_Code in Encounter_Diagnosis table	
ICD9 CODE	275	7	10	NPC	Diagnositic_Code in Encounter_Diagnosis table: occurs up to 10 times	
RACE	345	1	1	NPC	Race_Code from Patient table	
Filler	346	6	1	NPC	not read into DSS, former 6-char DOB	
VETERAN	352	1	1	NPC	Veteran_Indicator in Patient_Demographic table	
ENCOUNTER AGENT ORANGE	353	1	1	NPC	Agent_Orange_Indicator in Ambulatory_Encounter table	
ENCOUNTER IONIZING RAD	354	1	1	NPC	Ionizing_Radiation_Indicator in Ambulatory_Encounter table	
PRE FLAG	355	1	1	NPC	= "blank" for when NPCD is over-writing a PRE-built encounter	
NOSHOW FLAG	356	1	1	NPC	= "blank" for when NPCD is over-writing a NOS-built encounter	
UTIL BUILT	357	1	1	NPC	= "N" for when NPCD is over-writing a Util-built encounter	
PROCESSING DATE	358	8	1	NPC	Processing_Date_Time in Care_Encounter table	
Processing Time	366	6	1	NPC	not read into DSS	
VHA ENCOUNTER ID	372	15	1	NPC	Encounter_ID in Care_Encounter table	
AAC UPDATED DATE	387	8	1	NPC	AAC_Updated_Date in Care_Encounter table	
ADMIT DATE	395	8	1	NPC	Encounter_Start_Date in Care_Encounter table DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters	
DISCHARGE DATE	403	8	1	NPC	Encounter_Start_Date in Care_Encounter table DATE OF VISIT, ADMIT DATE & DISCHARGE DATE are required by DSS software on all outpt encounters	
POW LOCATION	411	2	1	NPC	POW_Location_Code in Patient_Demographic table	
STOP CODE	413	3	1	NPC	SAS: Primary Stop Code, first 3 char of DSS IDENTIFIER field	
CLI FLAG	416	1	1	NPC	= "blank" for when NPCD is over-writing a CLI-built encounter	
BIRTHDATE	417	8	1	NPC	Date_Of_Birth in Patient table YYYYMMDD format	
NPCD FLAG	425	1	1	NPC	= "Y" to indicate that NPCD is posting this encounter	
NPCD OUTPT PROVIDER	426	11	1	NPC	Null until VistA fills extract field with value	

PROVIDING MD	437	11	1	NPC	Null until VistA fills extract field with value: SAS fills this field with the value in PROVIDER TYPE or PRIMARY PROVIDER TYPE only if either is a physician. Either is a physician if PROVIDER TYPE or PRIMARY PROVIDER TYPE is in range of V110000 to V119999 inclusive	
PRIMARY CPT QTY	448	2	1	NPC		
CPT4 CODE QTY	450	2	10	NPC		
OBS FLAG	470	1	1	NPC	= "Y" if: 1) first 3 char of DSS IDENTIFIER = 290 thru 296 or 2) fourth thru sixth char of DSS IDENTIFIER = 290 thru 296 or 3) PRIMARY CPT4 CODE or CPT4 CODE = 99217 thru 99220	
NAME	471	4	1	NPC	First 4 of family name in Patient_Demographic table	
ZIP PLUS 4	475	10	1	NPC	New in FY 99 increased to 10 char Zip_Code in Patient_Demographic table	10/9
GAF SCORE	485	3	1	NPC	new in FY 99, place holder until available in NPCD	10/9
GAF DATE	488	8	1	NPC	YYYYMMDD new in FY 99, place holder until available in NPCD	10/9
ACG 12 MO	496	5	1	NPC	for 12 months, new in FY 99, place holder until available in NPCD	10/9
ACG 24 MO	501	5	1	NPC	for 24 months, new in FY 99, place holder until available in NPCD	10/9
HCUP	506	3	1	NPC	SAS only: see separate HCUP Specification	10/9

**NOTES:**

HCUP to be filled by SAS

GAF fields are placeholders until data is available in NPCD

ACG fields are placeholders until data is available in NPCD

GAF and ACG fields should be reported on every encounter

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UTILITIES  
Medical Records Posting Layout

Feeder System: NPC9903

Fieldname	Start pos	Len	Char/ Zoned	Occurs	Decimal Places	Justify	Default Value
-----	----	----	-----	-----	-----	-----	-----
RECTYPE	11	3	C	1		L	
ENCOUNTER NUMBER	14	20	C	1		L	
COMPANY CODE	34	3	C	1		L	
INOUT CODE	37	1	C	1		L	
FISCAL YEAR	38	4	C	1		L	
FISCAL PERIOD	42	2	C	1		L	
DIVISION	44	3	C	1		L	
INTERNAL NUMBER	47	10	C	1		L	
SSN	57	9	C	1		L	
PSEUDO SSN IND	66	1	C	1		L	
DATE OF VISIT	67	8	C	1		L	
BIRTH YEAR	75	4	C	1		L	
ZIP CODE	79	5	C	1		L	
SEX	84	1	C	1		L	
POW	85	1	C	1		L	
PERIOD OF SERVICE	86	2	C	1		L	
ENCOUNTER ELIGIBILITY	88	3	C	1		L	
PURPOSE OF VISIT	91	2	C	1		L	
LOCATION OF VISIT	93	1	C	1		L	
DSS IDENTIFIER	94	9	C	1		L	
VIETNAM	103	1	C	1		L	
AGENT ORANGE	104	1	C	1		L	
RADIATION	105	1	C	1		L	
MEANS TEST INDICATOR	106	2	C	1		L	
NUMBER OF DEPENDANTS	108	2	C	1		L	
PRIMARY CPT4 CODE	110	10	C	1		L	
CPT4 CODE	120	10	C	10		L	****
STATE	220	2	C	1		L	
COUNTY	222	5	C	1		L	
BILLING STATUS	227	1	C	1		L	
CALC RPM	228	1	C	1		L	
CCM CASE TYPE	229	8	C	1		L	
CLINIC VISITS	237	1	C	1		L	
PRIMARY PROVIDER TYPE	238	6	C	1		L	
PROVIDER TYPE	244	6	C	4		L	****
PRIMARY ICD9	268	7	C	1		L	
ICD9 CODE	275	7	C	10		L	****
RACE	345	1	C	1		L	
VETERAN	352	1	C	1		L	
ENCOUNTER AGENT ORANGE	353	1	C	1		L	
ENCOUNTER IONIZING RAD	354	1	C	1		L	
PRE FLAG	355	1	C	1		L	
NOSHOW FLAG	356	1	C	1		L	
UTIL BUILT	357	1	C	1		L	
PROCESSING DATE	358	8	C	1		L	
VHA ENCOUNTER ID	372	15	C	1		L	
AAC UPDATED DATE	387	8	C	1		L	
ADMIT DATE	395	8	C	1		L	
DISCHARGE DATE	403	8	C	1		LUTL	
POW LOCATION	411	2	C	1		L	
STOP CODE	413	3	C	1		L	
CLI FLAG	416	1	C	1		L	
BIRTHDATE	417	8	C	1		L	

NPCD FLAG	425	1	C	1	L	
NPCD OUTPT PROVIDER	426	11	C	1	L	
PROVIDING MD	437	11	C	1	L	
PRIMARY CPT QTY	448	2	C	1	L	
CPT4 CODE QTY	450	2	C	10	L	****
OBS FLAG	470	1	C	1	L	
NAME	471	4	C	1	L	
ZIP PLUS 4	475	10	C	1	L	
GAF SCORE	485	3	C	1	L	
GAF DATE	488	8	C	1	L	
ACG 12 MO	496	5	C	1	L	
ACG 24 MO	501	5	C	1	L	
HCUP	506	3	C	1	L	

Feeder System: NPC9903  
 TEMPLATE DESIGN SYSTEM

Fields Defined ..... 65UTL PRT.MRPOST  
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## **PART III – CHAPTER TWO**

### **COMPARISON BETWEEN DSS MEDICAL RECORD FIELDS FY96 THROUGH FY99**

In this chapter, users are provided with a grid that compares DSS Medical Record fields available on DSS in FY96, 97, 98 and 99.

Each year, as field DSS users identify needs for new or different information sets, the DSS/BTSO/D team modifies or adds the specific fields required. Thus each FY, a greater variety and more comprehensive data set for searching is obtained.

If you have identified known VHA medical record fields that are not yet on DSS, but are used by all VAMCs for some critical search types, please submit your requested field and your rationale for adding it, to the DSS/BTSO/D Development team, Ruth M. Greene, Steve Porter and Michelle LoDico by Exchange mail.

Thank you.

# **MEDICAL RECORD VIEW FIELDS COMPARISON – 1996 THROUGH 1999**

<b>FY99</b> Fieldname	<b>FY98</b> Fieldname	<b>FY97</b> Fieldname	<b>FY96</b> Fieldname
AAC UPDATED DATE	AAC UPDATED DATE	AAC UPDATED DATE	*
ADMIT DATE	ADMIT DATE	ADMIT DATE	ADMIT DATE
ADMIT DRG	ADMIT DRG	ADMIT DRG	ADMIT DRG
—	*	ADMIT DAY	ADMIT DAY
ADMIT HCUP	*	*	*
ADMIT TREATING SPCLTY	ADMIT TREATING SPCLTY	*	ADMIT TREATING SPCLTY
ADMIT WARD	ADMIT WARD	ADMIT WARD	ADMIT WARD
ADMITTING ATTENDING	ADMITTING ATTENDING	*	*
ADMITTING DIAGNOSIS	ADMITTING DIAGNOSIS	ADMITTING DIAGNOSIS	ADMITTING DIAGNOSIS
AGENT ORANGE	AGENT ORANGE	AGENT ORANGE	AGENT ORANGE
ALIAS	ALIAS	*	*
ANESTHESIA SUPERVISOR	ANESTHESIA SUPERVISOR	*	*
ASI CSALC	*	*	*
ASI CSDRU	*	*	*
ASI CSEMP	*	*	*
ASI CSFAM	*	*	*
ASI CSLEG	*	*	*
ASI CSMED	*	*	*
ASI CSPSY	*	*	*
ASI DATE	*	*	*
ASI DPL	*	*	*
ASI EDUMONTH	*	*	*
ASI EDUYEAR	*	*	*
ASI OCCUP	*	*	*
ASI PROVIDER	*	*	*
ASI SAL	*	*	*
ASI TYPE	*	*	*
ASSESS DATE	ASSESS DATE	ASSESS DATE	ASSESS DATE
ASSESS PURPOSE	ASSESS PURPOSE	ASSESS PURPOSE	ASSESS PURPOSE
ATTENDING MD	ATTENDING MD	ATTENDING MD	ATTENDING MD
ATTENDING SURGEON	ATTENDING SURGEON	*	*
AXIS4B	*	*	*
AXIS52B (Inpt GAF)	*	*	*
BILLING STATUS	BILLING STATUS	BILLING STATUS	BILLING STATUS
BIRTH YEAR	BIRTH YEAR	BIRTH YEAR	*
BIRTHDATE	BIRTHDATE	BIRTHDATE	BIRTHDATE
CALC RPM	CALC RPM	CALC RPM	CALC RPM
CCM CASE TYPE	CCM CASE TYPE	CCM CASE TYPE	CCM CASE TYPE
CLI FLAG	CLI FLAG	CLI FLAG	*
CLINIC NAME	CLINIC NAME	CLINIC NAME	*
CLINIC VISITS	CLINIC VISITS	CLINIC VISITS	CLINIC VISITS
COMPANY CODE	COMPANY CODE	COMPANY CODE	COMPANY CODE
COUNTY	COUNTY	COUNTY	COUNTY
CPT4 CODE	CPT4 CODE	CPT4 CODE	CPT4 CODE
CPT4 CODE QTY	CPT4 CODE QTY	*	*
DATE OF VISIT	DATE OF VISIT	DATE OF VISIT	DATE OF VISIT
DISCHARGE DATE	DISCHARGE DATE	DISCHARGE DATE	DISCHARGE DATE

**MEDICAL RECORD VIEW FIELDS COMPARISON – 1996 THROUGH 1999**

<b>FY99</b> Fieldname	<b>FY98</b> Fieldname	<b>FY97</b> Fieldname	<b>FY96</b> Fieldname
DISCHARGE DISPOSITION	DISCHARGE DISPOSITION	DISCHARGE DISPOSITION	DISCHARGE DISPOSITION
DISCHARGE DRG	DISCHARGE DRG	DISCHARGE DRG	DISCHARGE DRG
DISCHARGE MD	DISCHARGE MD	*	*
DISCHARGE SERVICE	DISCHARGE SERVICE	DISCHARGE SERVICE	DISCHARGE SERVICE
DISCHARGE TREATING SPECIALTY	DISCHARGE TREATING SPECIALTY	DISCHARGE TREATING SPECIALTY	DISCHARGE TREATING SPECIALTY
DISCHARGE WARD ATTENDING	DISCHARGE WARD ATTENDING	*	*
DISCHARGE WARD PROVIDER	DISCHARGE WARD PROVIDER	*	*
DISPOSITION PLACE	DISPOSITION PLACE	DISPOSITION PLACE	DISPOSITION PLACE
DIVISION	DIVISION	DIVISION	DIVISION
DRG	DRG	DRG	*
DSS DEPT	*	*	*
DSS IDENTIFIER	DSS IDENTIFIER	DSS IDENTIFIER	
DXLS	*	*	*
ELIGIBILITY CODE	ELIGIBILITY CODE	ELIGIBILITY CODE	ELIGIBILITY CODE
EMPLOYMENT STATUS	EMPLOYMENT STATUS	EMPLOYMENT STATUS	EMPLOYMENT STATUS
ENCOUNTER AGENT ORANGE	ENCOUNTER AGENT ORANGE	ENCOUNTER AGENT ORANGE	*
ENCOUNTER ELIGIBILITY	ENCOUNTER ELIGIBILITY	ENCOUNTER ELIGIBILITY	*
ENCOUNTER IONIZING RAD	ENCOUNTER IONIZING RAD	ENCOUNTER IONIZING RAD	*
ENCOUNTER NUMBER	ENCOUNTER NUMBER	ENCOUNTER NUMBER	ENCOUNTER NUMBER
FISCAL PERIOD	FISCAL PERIOD	FISCAL PERIOD	FISCAL PERIOD
FISCAL YEAR	FISCAL YEAR	FISCAL YEAR	FISCAL YEAR
GAF DATE	*	*	*
GAF SCORE	*	*	*
GAINING WARD	GAINING WARD	GAINING WARD	GAINING WARD
HCUP	*	*	*
HEALTH INSURANCE IND	HEALTH INSURANCE IND	HEALTH INSURANCE IND	HEALTH INSURANCE IND
HOME VAMC	*	*	*
HOME VISN	*	*	*
ICD9 CODE	ICD9 CODE	ICD9 CODE	*
INOUT CODE	INOUT CODE	INOUT CODE	INOUT CODE
INSURANCE CODE	INSURANCE CODE	*	*
INTERNAL NUMBER	INTERNAL NUMBER	INTERNAL NUMBER	INTERNAL NUMBER
LOCATION OF VISIT	LOCATION OF VISIT	LOCATION OF VISIT	LOCATION OF VISIT
MARITAL STATUS	MARITAL STATUS	MARITAL STATUS	MARITAL STATUS
MDC	MDC	MDC	MDC
MEANS TEST INDICATOR	MEANS TEST INDICATOR	MEANS TEST INDICATOR	MEANS TEST INDICATOR
MOVEMENT TYPE	MOVEMENT TYPE	MOVEMENT TYPE	MOVEMENT TYPE
NAME	NAME	NAME	NAME
NHCU FLAG	NHCU FLAG	NHCU FLAG	NHCU FLAG
NONOR LOCATION	NONOR LOCATION	*	*
NOSHOW FLAG	NOSHOW FLAG	NOSHOW FLAG	NOSHOW FLAG

**MEDICAL RECORD VIEW FIELDS COMPARISON – 1996 THROUGH 1999**

<b>FY99</b> Fieldname	<b>FY98</b> Fieldname	<b>FY97</b> Fieldname	<b>FY96</b> Fieldname
NPCD FLAG	NPCD FLAG	*	*
NPCD OUTPT PROVIDER	NPCD OUTPT PROVIDER	*	*
NUMBER OF DEPENDANTS	NUMBER OF DEPENDANTS	NUMBER OF DEPENDANTS	NUMBER OF DEPENDANTS
OBS FLAG	OBS FLAG	*	*
OP CODE	OP CODE	OP CODE	OP CODE
OVERBOOK INDICATOR	OVERBOOK INDICATOR	OVERBOOK INDICATOR	*
PAI BEDSECTION	PAI BEDSECTION	PAI BEDSECTION	PAI BEDSECTION
PATIENT NAME	PATIENT NAME	PATIENT NAME	PATIENT NAME
PCP PROVID TYPE	*	*	*
PERIOD OF SERVICE	PERIOD OF SERVICE	PERIOD OF SERVICE	PERIOD OF SERVICE
POW	POW	POW	POW
POW LOCATION	POW LOCATION	POW LOCATION	*
PRE FLAG	PRE FLAG	PRE FLAG	PRE FLAG
PRIMARY CARE PROVIDER	PRIMARY CARE PROVIDER	PRIMARY CARE PROVIDER	*
PRIMARY CARE TEAM	PRIMARY CARE TEAM	PRIMARY CARE TEAM	*
PRIMARY CPT QTY	PRIMARY CPT QTY	*	*
PRIMARY CPT4 CODE	PRIMARY CPT4 CODE	PRIMARY CPT4 CODE	*
PRIMARY ELIG CODE	PRIMARY ELIG CODE	*	*
PRIMARY ICD9	PRIMARY ICD9	PRIMARY ICD9	*
PRIMARY PROVIDER TYPE	PRIMARY PROVIDER TYPE	PRIMARY PROVIDER TYPE	*
PRIMARY SURG CPT	PRIMARY SURG CPT	*	*
PRINCIPAL DIAGNOSIS	PRINCIPAL DIAGNOSIS	PRINCIPAL DIAGNOSIS	PRINCIPAL DIAGNOSIS
PROCESSING DATE	PROCESSING DATE	PROCESSING DATE	*
—	*	PROCESSING TIME	*
PROS BILL STATUS	*	*	*
PROS FLAG	*	*	*
PROS HCPCS	*	*	*
PROS TRANS TYPE	*	*	*
PROVIDER	PROVIDER	PROVIDER	*
PROVIDER TYPE	PROVIDER TYPE	PROVIDER TYPE	*
PROVIDING MD	PROVIDING MD	*	*
PSEUDO SSN IND	PSEUDO SSN IND	PSEUDO SSN IND	PSEUDO SSN IND
PTF DISCH TRTNG SPCLTY	PTF DISCH TRTNG SPCLTY	*	*
PTF TRTNG SPCLTY	PTF TRTNG SPCLTY	*	*
PTF TRTNG SPCLTY LOS	PTF TRTNG SPCLTY LOS	*	*
PURPOSE OF VISIT	PURPOSE OF VISIT	PURPOSE OF VISIT	PURPOSE OF VISIT
RACE	RACE	RACE	*
RADIATION	RADIATION	RADIATION	RADIATION
RECTYPE	RECTYPE	RECTYPE	RECTYPE
RELIGION	RELIGION	RELIGION	RELIGION
RUG	RUG	RUG	RUG
SECONDARY DIAGNOSIS	SECONDARY DIAGNOSIS	SECONDARY DIAGNOSIS	SECONDARY DIAGNOSIS
SEX	SEX	SEX	SEX

# MEDICAL RECORD VIEW FIELDS COMPARISON – 1996 THROUGH 1999

FY99 Fieldname	FY98 Fieldname	FY97 Fieldname	FY96 Fieldname
SHAR AGREE INSURCO	*	*	*
SHAR AGREE PAYOR	*	*	*
SHAR PATIENT FLAG	*	*	*
SHARING PATIENT FLAG	SHARING PATIENT FLAG	*	*
SSN	SSN	SSN	SSN
STATE	STATE	STATE	STATE
STOP CODE	STOP CODE	STOP CODE	STOP CODE
SURG ATTENDING SERVICE	SURG ATTENDING SERVICE	*	*
SURG CANCELLED	SURG CANCELLED	*	*
SURG CASE NUMBER	SURG CASE NUMBER	*	*
SURG CPT CODE2	SURG CPT CODE2	*	*
SURG CPT CODE3	SURG CPT CODE3	*	*
SURG CPT CODE4	SURG CPT CODE4	*	*
SURG CPT CODE5	SURG CPT CODE5	*	*
SURG DATE	SURG DATE	*	*
SURG FLAG	SURG FLAG	*	*
SURG PRIMARY STOP CODE	SURG PRIMARY STOP CODE	*	*
SURG SECONDARY STOP CODE	SURG SECONDARY STOP CODE	*	*
SURGEON	SURGEON	*	*
SURGERY DATE	SURGERY DATE	SURGERY DATE	SURGERY DATE
SURGICAL SPECIALTY	SURGICAL SPECIALTY	*	*
TRANSFER FLAG	TRANSFER FLAG	TRANSFER FLAG	TRANSFER FLAG
TREATING SPCLTY	TREATING SPCLTY	TREATING SPCLTY	TREATING SPCLTY
TREATING SPCLTY DRG	TREATING SPCLTY DRG	TREATING SPCLTY DRG	TREATING SPCLTY DRG
TREATING SPCLTY TRANS DATE	TREATING SPCLTY TRANS DATE	TREATING SPCLTY TRANS DATE	TREATING SPCLTY TRANS DATE
TREATING SPECIALTY ICD	TREATING SPECIALTY ICD	TREATING SPECIALTY ICD	TREATING SPECIALTY ICD
TREATING SPECIALTY LOS	TREATING SPECIALTY LOS	TREATING SPECIALTY LOS	TREATING SPECIALTY LOS
TRTNG SPCLTY LOSE DATE	TRTNG SPCLTY LOSE DATE	TRTNG SPCLTY LOSE DATE	TRTNG SPCLTY LOSE DATE
—	*	TRTNG SPCLTY PROVIDER	TRTNG SPCLTY PROVIDER
UTIL BUILT	UTIL BUILT	UTIL BUILT	*
VERIFICATION METHOD	VERIFICATION METHOD	*	*
VETERAN	VETERAN	VETERAN	VETERAN
VHA ENCOUNTER ID	VHA ENCOUNTER ID	VHA ENCOUNTER ID	*
VIETNAM	VIETNAM	VIETNAM	VIETNAM
WARD	WARD	WARD	WARD
WARD ATTEND LOS	*	*	*
WARD ATTENDING	WARD ATTENDING	*	*
WARD ATTENDING BEGIN DATE	WARD ATTENDING BEGIN DATE	*	*
WARD DATE	WARD DATE	*	*
WARD LOS	WARD LOS	WARD LOS	WARD LOS
WARD PROVID LOS	*	*	*
WARD PROVIDER	WARD PROVIDER	*	*
WARD PROVIDER BEGIN DATE	WARD PROVIDER BEGIN DATE	*	*
ZIP CODE	ZIP CODE	ZIP CODE	ZIP CODE
ZIP PLUS 4	*	*	*

## PART III – CHAPTER THREE

### **DSS MEDICAL RECORD FIELDS WITH VHA “C” (CONVERSION) TABLES: THAT IS, FOR THE VHA VistA FILE CODES, THERE ARE DESCRIPTIONS FOR EACH VALUE**

DSS “C” Tables, are accessed from the main screen via the menu path “u.tables”. These tables are either VHA National Shared Tables, or Local VAMC Exclusive Tables. An example of a National VHA Table would be descriptions of values for VHA Treating Specialty (TS Table); Stop Code and/or DSS Identifier (stop table) or Eligibility Code (ELIG Table). An example of Local VAMC Exclusive Tables are Provider (DOC Table) where VAMCs enter their own file 200 provider descriptions.

Sources of National DSS “C” Tables:

#### Platinum VistA File

For all National DSS “C” tables but Diagnosis, DRG, Procedure and Zip Code (or Zip Code +4), the descriptions and values updated into DSS National “C” tables are from the Platinum VistA File, a nationally-maintained file which the Database Manager of VistA maintains and permits the DSS BTSO/D Computer Specialist Access each year. Occasionally, the National Platinum file has not been updated with new FY values the VAMC’s have access to. In that case, please let DSS BTSO/D know by an Exchange Message, (POCs Ruth M. Green, Michelle LoDico and Steve Porter).

#### Non-VistA National Sources

Every year the DSS BTSO orders the St. Anthony’s and other standard sources for the most up-to-date diagnostic (ICD-9) codes, Zip Codes, and DRGs. These are usually released in October. The most up-to-date CPT codes take a longer time to obtain (usually release in January). CPT codes are difficult to keep descriptions for on DSS, as the distinctions are often 2-43 sentences long and the DSS files have a limit. DSS encourages you to use the VAMCs primary source manuals to find the full definitions for CPT codes.

**DSS NATIONAL TEMPLATE  
DSS MEDICAL ENCOUNTER FIELDS  
WHICH HAVE CODE TABLE VALUES TO  
USE IN SEARCHES**

<b>DSS CODE VALUE TABLE</b>	<b>DSS FIELD NAME</b>	<b>DSS FIELD NAME (Alpha sort)</b>	<b>DSS CODE VALUE TABLE</b>
AO	AGENT ORANGE	ADMIT DIAGNOSIS	DIAG
ASRC	ADMIT SOURCE	ADMIT DRG	DRG
BDC	RPM GROUP	ADMIT SERVICE	TS
CNTY	COUNTY	ADMIT SOURCE	ASRC
CPT	CPT4 CODE	ADMIT TREATING SPECIALTY	TS
	PRIMARY CPT4 CODE	AGENT ORANGE	AO
	PRIMARY SURG CPT	ATTENDING SERVICE	TS
	SURG CPT CODE2	CCM PAYOR	PAYR
	SURG CPT CODE3	COUNTY	CNTY
	SURG CPT CODE4	CPT4 CODE	CPT
CPT	SURG CPT CODE5	DDC ELIGIBILITY LIST	DCEL
DCEL	DDC ELIGIBILITY LIST	DISCHARGE DISPOSITION	DDIS
DDIS	DISCHARGE DISPOSITION	DISCHARGE DRG	DRG
DIAG	ADMIT DIAGNOSIS	DISCHARGE SERVICE	SERV
	ICD.10	DISCHARGE TREATING SPECIALTY	TS
	ICD.2	DISPOSITION PLACE	PDIS
	ICD.3	DRG TABLE NUMBER	DTBL
	ICD.4	DRG	DRG
	ICD.5	ELIGIBILITY CODE	ELIG
	ICD.6	EMPLOYMENT STATUS	EMPL
	ICD.7	ENCOUNTER ELIGIBILITY	ELIG
	ICD.8	ICD.10	DIAG
	ICD.9	ICD.2	DIAG
	ICD9 CODE	ICD.3	DIAG
	PRIMARY ICD9	ICD.4	DIAG
	PRINCIPAL DIAGNOSIS	ICD.5	DIAG
	SECONDARY DIAGNOSIS	ICD.6	DIAG
DRG	ADMIT DRG	ICD.7	DIAG
	DISCHARGE DRG	ICD.8	DIAG
	DRG	ICD.9	DIAG
	TREATING SPCLTY DRG	IDC9 CODE	DIAG
DTBL	DRG TABLE NUMBER	INSURANCE CODE	INS
ELIG	ELIGIBILITY CODE	IONIZING RAD	IRAD
	ENCOUNTER ELIGIBILITY	KLF PROCESSING FOR FY 98	KF98
EMPL	EMPLOYMENT STATUS	KLF VALUES FY 99	KF99
INS	INSURANCE CODE	LOCATION OF VISIT	VLOC
IRAD	IONIZING RAD	MARITAL STATUS	MARS
KF98	KLF PROCESSING FOR FY 98	MDC	MDC
KF99	KLF VALUES FY 99	MEANS TEST CATEGORY	MEAN
MARS	MARITAL STATUS	MEANS TEST INDICATOR	MEAN
MDC	MDC	MOVEMENT TYPE	MVTP
MEAN	MEANS TEST CATEGORY	OP CODE	PROC
	MEANS TEST INDICATOR	OTHER REVENUE TABLE NUMBER	ORT
MVTP	MOVEMENT TYPE	PERIOD OF SERVICE	PERS
	TYPE OF MOVEMENT	POW (STATUS)	POW
ORT	OTHER REVENUE TABLE NUMBER	POW LOCATION	PLOC

**PLEASE SEE NOTE ON NEXT PAGE ON HOW TO USE THIS TABLE FOR HELP IN DSS CLINICAL  
COORDINATOR DATA SEARCHES**

PGM: UTL.CTABLE.M  
VER: 2.5.08

**DSS NATIONAL TEMPLATE  
DSS MEDICAL ENCOUNTER FIELDS  
WHICH HAVE CODE TABLE VALUES TO  
USE IN SEARCHES**

09 SEPT 1999  
9:59:24 AM

<b>DSS CODE VALUE TABLE</b>	<b>DSS FIELD NAME</b>	<b>DSS FIELD NAME (Alpha sort)</b>	<b>DSS CODE VALUE TABLE</b>
PAYR	CCM PAYOR	PRIMARY CPT4 CODE	CPT
PBIL	PROSTH BILLING STATUS	PRIMARY ICD9	DIAG
PDIS	DISPOSITION PLACE	PRIMARY PROVIDER TYPE	PROV
PERS	PERIOD OF SERVICE	PRIMARY SURG CPT	CPT
PLOC	POW LOCATION	PRINCIPAL DIAGNOSIS	DIAG
POW	POW (STATUS)	PRINCIPAL PROCEDURE	PROC
PROC	PRINCIPAL PROCEDURE SECONDARY PROCEDURE OP CODE	PROSTH BILLING STATUS	PBIL
PROV	PROVIDER TYPE PRIMARY PROVIDER TYPE	PROVIDER TYPE	PROV
RACE	RACE	PURPOSE OF VISIT	VPUR
RCF	REIMBURSEMENT COST FACTOR TABLE	RACE	RACE
REL	RELIGION	RCF TABLE NUMBER	RTBL
RTBL	RCF TABLE NUMBER	REIMBURSEMENT COST FACTOR TABLE	RCF
RUG	RUG	RELIGION	REL
SERV	DISCHARGE SERVICE	RPM GROUP	BDC
SEX	SEX	RUG	RUG
STA	VISN	SECONDARY DIAGNOSIS	DIAG
STAT	STATE	SECONDARY PROCEDURE	PROC
STOP	STOP CODE	SEX	SEX
TS	ADMIT SERVICE ADMIT TREATING SPECIALTY ATTENDING SERVICE DISCHARGE TREATING SPECIALTY TREATING SPCLTY	STATE	STAT
VLOC	LOCATION OF VISIT	STOP CODE	STOP
VPUR	PURPOSE OF VISIT	SURG CPT CODE2	CPT
ZIP	ZIP CODE	SURG CPT CODE3	CPT
		SURG CPT CODE4	CPT
		SURG CPT CODE5	CPT
		TREATING SPCLTY DRG	DRG
		TREATING SPCLTY	TS
		TYPE OF MOVEMENT	MVTP
		VISN	STA
		ZIP CODE	ZIP

**NOTE:** These tables as arrayed on the left, give you the summary of what the field name is for all fields using that table (e.g. CPTs or ICD-9s) whether inpatient or outpatient.

**THIS TABLE SHOULD BE USED BY DSS CLINICAL COORDINATORS TO BE SURE  
THEY SEARCHED ALL RELEVANT FIELDS.**

## **PART III – CHAPTER FOUR**

### **EXAMPLES OF ADHOC ENCOUNTERS, FOR AN IN-AND OUTPATIENT**

The Adhoc Search function of DSS is one of the easiest and most critical for all users to be experienced in. The menu path is “U.P.VA.I”. The major files you will probably search on are ENCTR and CHGDTL (or Encounter and Charge Detail). Be sure to qualify station number, fiscal year, and the precise field or field value(s) you are search for. Then set up the report format page the way you wish your report to print on screen or to your print server. Adhoc reports can do everything toolkit does except add up quantities or do complex derivations.

Enclosed are two sample screens to show examples of setting up Adhoc qualifications and a print format for an Adhoc Report.

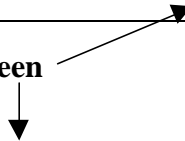
The raw data in each patient’s encounter record gives the user a sense of the depth and richness of the data sets on the DSS software application. The two examples from the ENCTR file, one inpatient and one outpatient in this chapter (and the one in Chapter Five) are provided to help illustrate what each user can find in their own VAMC’s database when they use the Adhoc functionality.

**USE OF ADHOC SEARCH FUNCTION**  
**(Menu Path U.P.VA.INQ)**

**A. QUALIFICATIONS for FY 99 Inpatient Encounter Fields example:**

PGM: UTL.ADHOC.QUAL VER: 3.0.01	1999 SXXX UTILITIES ADHOC QUALIFY	1999 OCT 12 2:49:28 PM
----- SPECIFY 'FIND' CRITERIA FOR FILE ENCTR -----		
COMPANY CODE = XXX FISCAL YEAR = 1999 INOUT CODE = I ADMIT DATE = 19990628		
FIND FORMAT: {EQ/= VAL1 OR/NOR VAL2 OR/NOR VAL3 ...} ( (NOT) FIELDNAME {IS GT/LT VAL1                                    } ) AND/OR ... (-) {IS BETWEEN            VAL1 AND VAL2                                    } NOTE: BRACKETS '()' MUST BE USED TO SEPARATE STATEMENTS		
-----		
COMMAND==> 1/HELP	3/QUIT	4/FOR SPEC
		6/PRINT 12/CANCEL

**Press PF4 to go to print statement screen**



**B. PRINT STATEMENT for FY 99 Inpatient Encounter Fields example (PAI = Print All Information, the '\*' prints an asterisk at the beginning of each record):**

PGM: UTL.ADHOC.QUAL VER: 3.0.01	1999 SXXX UTILITIES ADHOC QUALIFY	1999 OCT 12 2:29:29 PM
----- SPECIFY 'FOR EACH' CRITERIA FOR FILE ENCTR -----		
PRINT '**' PAI		
FIND FORMAT: {EQ/= VAL1 OR/NOR VAL2 OR/NOR VAL3 ...} ( (NOT) FIELDNAME {IS GT/LT VAL1                                    } ) AND/OR ... (-) {IS BETWEEN            VAL1 AND VAL2                                    } NOTE: BRACKETS '()' MUST BE USED TO SEPARATE STATEMENTS		
-----		
COMMAND==> 1/HELP	3/QUIT	4/FIND CRIT
		6/PRINT 12/CANCEL

## EXAMPLE OF INPATIENT ENCOUNTER FIELDS FROM AN ADHOC ENCTR FILE INQUIRY

Encounter Fields for a sample FY 99 <u>inpatient</u> encounter record
ACT DIR COST = 21.92577
ACT FIXED COST = 13.3857
ACT FIXED DIR COST = 1.48307
ACT FIXED INDIR COST = 11.90263
ACT INDIR COST = 11.90263
ACT TOTAL COST = 33.8284
ACT VAR COST = 20.4427
ACT VAR DIR COST = 20.4427
ACT VAR INDIR COST = 0
ADMIT DATE = 19990628
ADMIT TREATING SPCLTY = 24
ADMIT WARD = 2944
ADMIT.YMD = 19990628
ADMITTING ATTENDING = 21510
AGE = 79
AGE DAY = 27
AGE MONTH = 5
AGE YEAR = 79
ATTENDING MD = 21510
BILLING STATUS = D
BIRTHDATE = 19201107
CALC RPM = N
CCM CASE TYPE = DRG-
CCM PAYOR = BC
CCM.REV.BASE = 33.68
CCM.REV.ID = REV99
CCM.REV.NET.1 = 33.68
CFP.REV.BASE = 25.19
CFP.REV.CALC.DATE = 19990812 23:09:52
CFP.REV.ID = REV99
CFP.REV.NET.1 = 25.19
CFP.REV.TOT.NET = 25.19
COMPANY CODE = 600
COUNTY = 06037
CPF FLAG IND = 19990628
CPP FLAG = Y
DAY TYPE = DOW\MON
DAY TYPE = WARD\OTHER
DERIVE FLAG = Y
DIR COST = 22.31814
DISCHARGE DATE = 19990628
DISCHARGE MD = 21510
DISCHARGE TREATING SPECIALTY = 24
DISCHARGE WARD ATTENDING = 21510
DISCHARGE WARD PROVIDER = 22621
DIVISION = 1
DRG COST WEIGHT = 0
ELIGIBILITY CODE = S
EMPLOYMENT STATUS = 9
ENCOUNTER NUMBER = xxxxxxxx990628I
FISCAL PERIOD = 9
FISCAL YEAR = 1999

## EXAMPLE OF INPATIENT ENCOUNTER FIELDS FROM AN ADHOC ENCTR FILE INQUIRY

FIXED COST = 12.005
FIXED DIR COST = 2.96624
FIXED INDIR COST = 9.03876
GAINING WARD = 2944
HEALTH INSURANCE IND = 0
INDICATOR = ADMIT
INDICATOR = DISCHARGE
INDICATOR ACTIVATED DATE = 19990807
INDICATOR DATE = 19990628
INDIR COST = 9.03876
INOUT CODE = I
INTERNAL NUMBER = 625743
IP NUMBER = 44977
IPD ACT CHARGES = 1
IPD ACT FIXED DIR COST = 1.48307
IPD ACT FIXED INDIR COST = 11.90263
IPD ACT VAR DIR COST = 20.4427
IPD ACT VAR INDIR COST = 0
IPD FIXED DIR COST = 2.96624
IPD FIXED INDIR COST = 9.03876
IPD KU QUANTITY = 0
IPD NUMBER = FDM1
IPD QUANTITY = 2
IPD STD CHARGES = 0
IPD VAR DIR COST = 19.3519
IPD VAR INDIR COST = 0
LARGE CASE = CBOC AN600
LCM CBOC SA600 TIER = 2
LCM STUDY SEGMENT = 55S2
LENGTH OF STAY = 1
MARGINAL REVENUE = 33.68
MARITAL STATUS = 5
MEAN LENGTH STAY = 0
MOVEMENT TYPE = 16
NAME = XXXX
NET REVENUE = 33.68
OBS FLAG = Y
PCT LOS CUTOFF = 0
PCT MEAN LOS = 0
PERIOD OF SERVICE = T
PROFIT.AT.ACT = -0.1484
PROFIT.AT.STD = 2.3231
RACE = 7
READMIT FLAG = Y
RELIGION = 17
REV CALC DATE = 19990903 07:50:34
REV.SECTION.ID = N/A
REV.TERM.ID = N/A
REV.TERM.REV = 33.68
RMS FLAG = Y
RPM CATEGORY = CPG
RPM GROUP = PR
SEX = F
SSN = xxxxxxxxx

**EXAMPLE OF INPATIENT ENCOUNTER FIELDS FROM AN  
ADHOC ENCTR FILE INQUIRY**

STATE = 06
TOTAL CHARGES = 2
TOTAL COST = 31.3569
TOTAL IP CHARGES = 2
TRANSFER FLAG = N
TREATING SPCLTY = 24
TREATING SPCLTY TRANS DATE = 19990628
TREATING SPECIALTY LOS = 0
VA LTC WARD = N
VAR COST = 19.3519
VAR DIR COST = 19.3519
VAR INDIR COST = 0
VETERAN = N
WARD = 2944
WARD ATTEND LOS = 0 0
WARD ATTENDING = 21510
WARD ATTENDING BEGIN DATE = 19990628
WARD DATE = 19990628
WARD LOS = 0
WARD PROVIDER = 22621
WARD PROVIDER BEGIN DATE = 19990628
ZIP CODE = 90822

### USE OF ADHOC QUALIFY FUNCTION (continued)

**A. QUALIFICATIONS for FY 99 Outpatient Encounter Fields example:**

```

PGM: UTL.ADHOC.QUAL          1999 SXXX UTILITIES          1999 OCT 12
VER: 3.0.01                  ADHOC QUALIFY                 2:37:58 PM

-----
      SPECIFY 'FIND' CRITERIA FOR FILE ENCTR
-----
COMPANY CODE = XXX
FISCAL YEAR = 1999
INOUT CODE = 0
DATE OF VISIT = 19990628
STOP CODE = 323

-----
FIND FORMAT:
( (NOT) FIELDNAME {EQ/= VAL1 OR/NOR VAL2 OR/NOR VAL3 ...}
                  {IS GT/LT VAL1                          } ) AND/OR ... (-)
                  {IS BETWEEN VAL1 AND VAL2                }
NOTE: BRACKETS '(' ')' MUST BE USED TO SEPARATE STATEMENTS
-----
COMMAND==>
1/HELP          3/QUIT          4/FOR SPEC          6/PRINT
                                12/CANCEL

```

**Press PF4 to go to Print Statement Screen.**



**B. Print Statement for FY 99 Outpatient Encounter Fields example (PAI = Print All Information, the '\*' prints an asterisk at the beginning of each record):**

```

PGM: UTL.ADHOC.QUAL          1999 SXXX UTILITIES          1999 OCT 12
VER: 3.0.01                  ADHOC QUALIFY                2:29:29 PM

-----
SPECIFY 'FOR EACH' CRITERIA FOR FILE ENCTR
-----

PRINT '*'
PAI

-----
-----
-----
-----
-----
-----
-----
-----
-----
FIND FORMAT:
      {EQ/= VAL1 OR/NOR VAL2 OR/NOR VAL3 ...}
( (NOT) FIELDNAME {IS GT/LT VAL1              } ) AND/OR ... (-)
                  {IS BETWEEN      VAL1 AND VAL2      }
NOTE:  BRACKETS '()' MUST BE USED TO SEPARATE STATEMENTS
-----

COMMAND==>
1/HELP          3/QUIT          4/FIND CRIT          6/PRINT

```

**EXAMPLE OF OUTPATIENT ENCOUNTER FIELDS FROM AN  
ADHOC ENCTR FILE INQUIRY**

Encounter Fields for a sample FY 99 <u>outpatient</u> encounter record		
AAC UPDATED DATE = 19990628	FIXED COST = 122.558742212746	PURPOSE OF VISIT = 03
ACT DIR COST = 146.770320261801	FIXED DIR COST = 57.9459944284428	RACE = 4
ACT FIXED COST = 124.050996119526	FIXED INDIR COST = 64.6127477843035	RADIATION = 1
ACT FIXED DIR COST = 31.5075933174236	HCUP = 49	READMIT FLAG = Y
ACT FIXED INDIR COST = 92.543402802102	ICD9 CODE = *	REV CALC DATE = 19990903 07:50:34
ACT INDIR COST = 92.543402802102	INDIR COST = 64.6127477843035	REV.SECTION.ID = N/A
ACT TOTAL COST = 239.313723063903	INOUT CODE = O	REV.TERM.ID = N/A
ACT VAR COST = 115.262726944377	IP IPD = MMM1W	REV.TERM.REV = 241.9
ACT VAR DIR COST = 115.262726944377	IP NUMBER = 28455	RPM CATEGORY = NONBED
ACT VAR INDIR COST = 0	IP QUANTITY = 1	RPM GROUP = PR
ADMIT DATE = 19990628	IPD ACT CHARGES = 2	SEX = M
ADMIT.YMD = 19990628	IPD ACT FIXED DIR COST = 31.5075933174236	SHAR AGREE INSURCO = ****
AGE = 74	IPD ACT FIXED INDIR COST = 92.543402802102	SSN = xxxxxxxxx
AGE DAY = 14	IPD ACT VAR DIR COST = 115.262726944377	STATE = 06
AGE MONTH = 1	IPD ACT VAR INDIR COST = 0	STOP CODE = 323
AGE YEAR = 74	IPD FIXED DIR COST = 57.9459944284428	TOTAL CHARGES = 3
AGENT ORANGE = 1	IPD FIXED INDIR COST = 64.6127477843035	TOTAL COST = 242.901067178397
BILLING STATUS = F	IPD NUMBER = MMM1W	TOTAL IP CHARGES = 0
BIRTH YEAR = 1925	IPD QUANTITY = 2	UTIL BUILT = N
BIRTHDATE = 19250514	IPD STD CHARGES = 0	VAR COST = 120.342324965651
CALC RPM = N	IPD VAR DIR COST = 120.342324965651	VAR DIR COST = 120.342324965651
CCM CASE TYPE = CPT-9921	IPD VAR INDIR COST = 0	VAR INDIR COST = 0
CCM PAYOR = BC	LCM STUDY ENT VAL = 57S22450	VETERAN = 1
CCM.REV.BASE = 241.9	LCM STUDY SEGMENT = 57S2	VHA ENCOUNTER ID = 6TK6V-LON
CCM.REV.ID = REV99	LENGTH OF STAY = 1	VIETNAM = N
CCM.REV.NET.1 = 241.9	LOCATION OF VISIT = 1	ZIP CODE = 90002
CFP.REV.BASE = 182.61	MARGINAL REVENUE = 241.9	ZIP PLUS 4 = 90002-1613
CFP.REV.CALC.DATE = 19990812 23:09:52	MEAN LENGTH STAY = 0	
CFP.REV.ID = REV99	MEANS TEST INDICATOR = AN	
CFP.REV.NET.1 = 182.61	NAME = XXXX	
CFP.REV.TOT.NET = 182.61	NET REVENUE = 241.9	
CLINIC NAME = 2598	NPCD FLAG = Y	
CLINIC VISITS = 1	NUMBER OF DEPENDANTS = 00	
COMPANY CODE = XXX	OVERBOOK INDICATOR = 0	
COUNTY = 06037	PCP PROVID TYPE = V110000	
CPF FLAG IND = 19990121	PCT LOS CUTOFF = 0	
CPP FLAG = Y	PCT MEAN LOS = 0	
CPT4 CODE = *	PERIOD OF SERVICE = 2	
CPT4 CODE QTY = ****	POW = N	
DATE OF VISIT = 19990628	PRIMARY CARE PROVIDER = 22450	
DERIVE FLAG = Y	PRIMARY CARE TEAM = 37	
DIR COST = 178.288319394094	PRIMARY CPT QTY = 01	
DISCHARGE DATE = 19990628	PRIMARY CPT4 CODE = 99214	
DRG COST WEIGHT = 0	PRIMARY ICD9 = 250.00	
DSS IDENTIFIER = 323117	PRIMARY PROVIDER TYPE = 070500	
ELIGIBILITY CODE = E	PROCESSING DATE = 19990628	
ENCOUNTER ELIGIBILITY = 50	PROFIT.AT.ACT = 2.586276936097	
ENCOUNTER NUMBER = xxxxxxxxx99179323	PROFIT.AT.STD = -1.001067178397	
FISCAL PERIOD = 9	PROVIDER = 214674	
FISCAL YEAR = 1999	PROVIDER TYPE = *	

## **PART III – CHAPTER FIVE**

### **SAMPLE ADHOC USING THE CHARGE DETAIL (CHG DTL) FILE**

Using the menu path, “U.P.VA.I(CHGDTL).” The DSS user can access great detail about each resource an inpatient has utilized. This detail on each intermediate product use by the patient includes Feeder Location; Feederkey; DSS IPD Number; DSS IP Number; Provider; Quantity; Actual Cost; Standard Cost; Variable Direct Cost; Fixed Direct Cost; Indirect Costs (=fixed costs – fixed direct costs).

Some of this type of data is available from the DCR Print job, which allows the user to print a complete utilization tracking intermediate product and actual total cost summary (per product) of the entire story of an inpatient.

## CHARGE DETAIL EXAMPLE FROM XXX FY1999

### PART III – CHAPTER 5

USERID: QQQ     DATE: 1999-10-23	
ADHOC INQUIRY REPORT FOR FILE: CHGDTL	
FIND CRITERIA:	
-----	
COMPANY CODE = XXX	
FISCAL YEAR = 1999	
ENCOUNTER NUMBER = *****990828I	
====> RECORDS QUALIFIED: 202	
*	*
ACT FIXED COST = 6.68275	ACT FIXED COST = 0.64957
ACT FIXED DIR COST = 1.57845	ACT FIXED DIR COST = 0.0645767
ACT VAR COST = 6.26578	ACT VAR COST = 2.47607
ACT VAR DIR COST = 6.26578	ACT VAR DIR COST = 2.47607
ACTUAL CHARGE = 1	ACTUAL CHARGE = 1
COMPANY CODE = XXX	COMPANY CODE = XXX
CONVERTED VOLUME = 1	CONVERTED VOLUME = 1
COST FLAG = Y	COST FLAG = Y
DATE OF SERVICE = 19990829	DATE OF SERVICE = 19990829
DAY OF STAY = 2	DAY OF STAY = 2
ENCOUNTER NUMBER = xxxxxxxxx990828I	ENCOUNTER NUMBER = xxxxxxxxx990828I
FEEDER SYSTEM = ECS	FEEDER SYSTEM = PHA
FISCAL PERIOD = 11	FISCAL PERIOD = 11
FISCAL YEAR = 1999	FISCAL YEAR = 1999
FIXED COST = 8.64731	FIXED COST = 1.13177
FIXED DIR COST = 3.27196	FIXED DIR COST = 0.135368
IP NUMBER = 24488	IP NUMBER = 28486
NEW FLAG = N	NEW FLAG = N
ORDERING MD = 220236	ORDERING MD = 21326
ORIGINAL VOLUME = 1	ORIGINAL VOLUME = 1
STANDARD CHARGE = 0	STANDARD CHARGE = 0
VAR COST = 9.39144	VAR COST = 2.43788
VAR DIR COST = 9.39144	VAR DIR COST = 2.43788
TIME OF SERVICE = 300	TIME OF SERVICE = 135939
FEEDER KEY = 99078	FEEDER KEY = BASIC
IPD NUMBER = JBB1	IPD NUMBER = DA31
FEEDER LOCATION = XXX-252	FEEDER LOCATION = PREXXX

## PART III – CHAPTER SIX

### FY99 DSS LOGIC TO ATTACH RESOURCE UTILIZATION TO IN-AND-OUT (AND OBSERVATION) PATIENTS CASES

During the DSS process which attaches resource utilization to the DSS medical record encounter (Inpatient, Outpatient or Observation case), a series of logical evaluations occurs. The process of posting Resource Utilization to the medical encounters in DSS is called “UTIL PROC” (Utilization Processing). The preprocess is called Assign.Encno (or Assign Encounter Number). In FY99 DSS, for inpatients, the utilization is posted to DCR, the Charge Detail File; for outpatients, it is posted to the CCM/encounter file.

The precise details of the logic are enclosed in this Chapter. Basically the preprocess Assign.Encno tries to match each utilization with an already existing outpatient encounter. The great majority of utilization records thus match immediately in Step One. The second step is for these records which did not find an outpatient encounter; in this step an inpatient encounter open over the dates of the utilization is searched for. If a match inpatient encounter is found, the utilization attaches in either Step One or Step Two.

Any utilization remaining unattached after Step One and Step 2 goes to Step 3 which selects out any observation encounter for the same SSN for the same day, and posts the utilization to it. If not, it goes to Step 4, which matches it to an outpatient encounter for the same day in the stopcode series 200 or greater. If not match is found there, in Step 5, for an inpatient utilization record, if it is NUR, DEN, PHA-IVP or PHA-UDP a Util-Built OP encounter is made. All other inpatient utilization records post to SSN 100-10-1000, which creates a reports for the VAMC to track “lost workload” or workload without VAMC encounter records.

If it is an outpatient record; from FDR Systems: DEN, ECS, ECQ, IVP, LAB, NUR, RAD, SUR, IVP, it will have a Util-Built encounter created for it. If it is a CLI or PRE record, it will be posted to SSN 100-10-1000, as that would indicate some type of error, which the VAMC needs to investigate.

In Step 6, all Util-Built encounters (encounters created from the resource utilization record, will received a billing status = f status.

**ASSIGN.ENCNO**  
**For FY 99**

**(ASSIGNMENT OF ENCOUNTER NUMBERS IN DSS UTILIZATION PROCESSING**  
**(UTIL PROC)**

**Step 1.** For all utilization records, the routine creates an outpatient encounter number (SSN+(Julian) DATE+STOP CODE) and searches for a matching encounter number in all ENCTR records with an In/Out Code of O. If it finds the matching encounter number, it posts to the ENCTR File: All outpatient utilization is posted directly to the encounter records in ENCTR files.

**Step 2.** For all remaining utilization records, the routine searches with the SSN and Date of Service for an inpatient encounter (in ENCTR, In/OUT Code = I) that was open on the Date of Service. If it finds an appropriate inpatient encounter, it posts to the CHGDTL (Charge Detail) File. (All inpatient utilization is posted to the encounter in CHGDTL.) The following logic is used:

**Admit Date is Less Than or Equal to Date of Service**

**And**

(Discharge Date is Greater Than or Equal to Date of Service

**or**

Discharge Date = 0 (still an inpatient))

**Step 3.** For all remaining utilization records, the routine will search by SSN and Date of Service, for any matching OBS Flag = Y record. If it finds a matching OBS = Y encounter, it posts to it.

**Step 4.** For remaining utilization records:

If Feeder Systems = NUR

**Or**

If Feeder System = PHA and first 3 characters of Feeder Location = IVP or UDP

the routine will post to any matching outpatient encounter record that meets the following conditions:

**Matches SSN and Date**

**And**

CLI Flag = Y or NPCD Flag = Y

**And**

Stop Code is: 201, 210, 211, 300-620

**Step 5.** For all remaining utilization records:

**A.** If it is an inpatient record (INOUT CODE = I), it posts to 100-10-1000 unless:

its feeder system = NUR, or DEN, in which case it creates a Util-Built encounter or,

if Feeder System = PHA and first 3 characters of Feeder Loc = IVP or UDP, in which case it creates a Util-Built encounter.

- B. If it is an outpatient record (INOUT CODE = O), it posts to 100-10-1000 unless its feeder system is one of the below, in which case it creates a Util-Built encounter:

RAD  
LAB  
SUR  
ECS  
ECQ  
DEN  
NUR  
UDP  
IVP

*(For BTSD use only, FY 99 TSI change to ASSIGN.ENCNO is: if FEEDER SYSTEM = PHA, program looks at first 3 characters of FEEDER LOC. If it finds UDPxxx or IVPxxx it builds a Util-Built encounter. If it finds any thing else, it is a PRE and will and should be sent to 100-10-1000)*

CLI, PRE, and stop code 160 will continue to be posted to SSN 100-10-1000 because they are errors and should be kept separate where their presence can be noted and their origins traced.

**Step 6.** The Util-Built routine marks all records it creates with a billing status of “F” and the field UTIL BUILT = Y.

<b>DSS Field Name</b>	<b>Field Definition</b>	<b>Extracts</b>	<b>Multiply Occurring? (Yes/No)</b>	<b>Inpatient Complete (Yes/No)</b>	<b>Outpatient Complete (Yes/No)</b>
<i>This column lists the most commonly used fields in the DSS database.</i>	<i>This column describes the DSS Field.</i>	<i>This column lists the extracts, that this data field is pulled from. If there is a logical order to which the system assigns this value, then that is explained. i.e. If the system looks to the ADM extract first, then to the TRT then this is described.</i>	<i>This is a Yes/No as to whether the field can occur multiple times on a single encounter.</i>	<i>This column indicates whether the field is completely populated on all inpatient encounters in the database.</i>	<i>This column explains whether or not the user can expect to have the field completely populated on all Non-ASI/Non-DDC/Non-Util Built outpatient encounters.</i>
<b>Provider Fields</b>					
Ward Attending		ADM, changes from TRT	Y	Y	N/A
Admitting Attending		ADM-never updated	N	Y	N/A
*Attending MD	Obsolete, not used in FY99				
Ward Provider		ADM, changes from TRT	Y	Y	N/A
Provider	Provider who wrote prescription, NOS/CLI provider with whom appointment was scheduled.	Outpatient PRE, CLI, PRE	N (except on DCR with ECS)	N/A	Y except NPCD only
Providing MD	CLI=File #200, if provider type=an MD ; NPCD=File #200 reference when available in NPCD	Outpatient CLI/NPCD	Y	N/A	Not PRE
Primary Care Provider	Primary care provider	ADM, PRE, NOS, CLI, PRO, PCMM	N	Y	Not ASI, not DDC
Prim Care Provid NPI	Null until VistA fills w/Natl provider index number	ADM, PRE, NOS, CLI, PRO, PCMM	N	Y	
NPCD Outpt Provider	Null until filled in NPCD	NPCD	Y	N/A	NPCD only

DSS Field Name	Field Definition	Extracts	Multiply Occurring? (Yes/No)	Inpatient Complete (Yes/No)	Outpatient Complete (Yes/No)
Discharge Ward Attending	Last MD legally responsible for care listed upon discharge	Inpatient only, TRT	N	Y	N/A
Discharge Ward Provider	Ward Provider current upon discharge	Inpatient only, TRT	N	Y	N/A
Disch Ward Attend NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
Disch Ward Provid NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
Disch MD NPI	Null until VistA fills w/Natl provider index number		N	Y	N/A
*Trtnng Spclty Provider	Obsolete, not used in FY99				
*PCP	Obsolete, not used in FY99				